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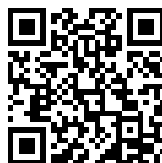
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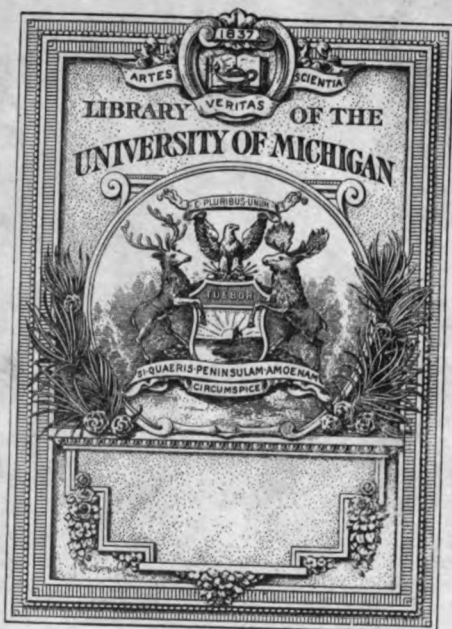
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THE  
MONTHLY HOMŒOPATHIC REVIEW.

11285

EDITED BY

ALFRED C. POPE, M.D.,

D. DYCE BROWN, M.A., M.D.,

EDWIN A. NEATBY, M.D.,

AND

CLEMENT J. WILKINSON, M.R.C.S.

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## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE REVISION OF OUR MATERIA MEDICA.

We have observed with satisfaction the interest which has attached itself to the proposals now before the British Homœopathic Society, the proposals which concern a new *Materia Medica* and new provings of drugs. "The forward movement," as we named it when last writing on the subject, is well calculated to attract attention from our whole body; and we hope that those who are primarily responsible for the "movement" neither expect nor desire that the proposals which represent it should escape criticism, especially if by "criticism" we connote not "fault-finding" but, what DRYDEN aimed at in his definition, "a standard of judging well." Such criticism is a desideratum, or rather a necessity, if the movement is to be a real advance and not a mere abortive exhibition of protoplasmic vitality.

The meeting of the Society, when the committee which is charged with the duty of formulating these proposals rendered its report, was a large one, and it marked its sense of the importance of the occasion by directing the committee to prepare for its further consideration a specimen of the manner in which the formulated proposals will work out as regards some one drug of our

*Pharmacopœia*. The issue of this specimen of the committee's method will be eagerly expected and anxiously scanned by all who are looking for help in the daily work of practice, and who are still alive to the deep meaning of the principle which should consciously underlie every individual prescription, the principle of *similia similibus*. Such men—and they embrace every homœopath who has not degenerated into a mere empiricist on the one hand or a symptom-covering mechanic on the other—will not be satisfied either by a mere collection of "tips" or by an ill-digested congeries of doubtful symptoms, torn bleeding from their context. We trust that the labours of the committee will give a definite promise of assistance to all who want such help as a *Materia Medica* can be rationally expected to give. Such a definite promise will be best conveyed by their treatment of some polychrest drug easily comparable with the treatment which it has received at the hands of others.

The scheme for a new *Materia Medica* is too large a subject, its details are too many and too complex, for it to be fully judged upon a single hearing. For this reason, if for no other, the decision of the Homœopathic Society was a wise one. But the scheme which the committee propounded, so far as it might be followed, struck us as well designed and well-proportioned. There are always men who will find in any scheme of revision some pet particular of their own excluded or extenuated. There are those, for example, who regard a symptom-index as of prime importance; others whom nothing less will content than the inclusion of every symptom in its every form of statement. Such as these will probably find some cause for disappointment on a first perusal of the specimen of the new scheme; but we believe that a further study of it will bring them a sense of compensation. If they find a sufficiently comprehensive statement of the field covered by the drug, together with all the important *data* necessary for estimating its sphere of action in that field; if they find that the arrangement is such as will give them the symptom they want *cito et jucunde*; if, above all, they find that many of the symptoms presented, with their sequences, aggravations and ameliorations, are those upon which they have been accustomed individually to

rely ; then they have fair cause for believing that the work is of sound value, worthy of more than a grudging support. The inclusion of carefully selected clinical cases should be a valuable assistance to that grasp of the genius of each drug which it is the desire of all of us to attain. It behoves every man to throw himself heartily into an effort which in its leading features commends itself to his judgment. It is only by a temporary sinking of minor differences and pious opinions that the work of the world can be done. Neither the moral sea-anemone nor the moral porcupine is a good type of the social animal.

The vast mass of pathogenetic material now at our disposal has long reached a point where management of it in its crude form is impossible. The memory of Macaulay and the longevity of Old Parr, in combination, would fail before it. This was long foreseen by our master, though the fact has been curiously overlooked by some of his followers. The Hahnemannian schema does not profess to contain an arrangement of every symptom, and every remark which was handed to him by his provers. Carefully cross-examining each observer, HAHNEMANN extracted from their notes all that he considered reliable and useful. It was material thus selected, arranged in what was then the most practical form, from which our first *Materia Medica* was built up. This significant action illustrates the disbelief of our Founder in narrative provings as being sufficiently reliable for daily work. His foresight has once again justified itself by the difficulty which has been experienced in enabling *The Cyclopædia of Drug Pathogenesis* to meet the needs of the busy practitioner, and also in the present urgent call for a modern statement of our *Materia Medica*.

Unalloyed gold is not fit either for work or for wear. Those who have most involved themselves in controversy and misunderstanding have been those most scrupulous in their efforts to tell the whole truth. The metal truth is, indeed, the oldest of the elements ; but, like those most recently discovered, it practically defies isolation. And, were it isolated, it would still be unassimilable. It must be presented to us as a salt, and the acid in which it is dissolved must be that which renders it most suitable to the men of the time for whom it is intended. That which best commends the truth of

homœopathy for present use will result from its solution in a menstruum of modern science.

A contemporary,\* discussing the papers and speeches of the meeting of the Homœopathic Society when the new *Materia Medica* and new provings were first proposed, deprecates, or rather enforces his year-old veto upon, the use of the very word "scientific," "unless it is (either explicitly or implicitly) qualified by a statement of the precise sense in which it is used, and of the personal equation of him who uses it." In perfect readiness to comply with this request, we base our use of the term "scientific" upon a recognised authority, Johnson's Dictionary, which defines "scientific" as that "producing demonstrative knowledge; producing certainty." "Science" being defined, on the authority of Berkeley, as "certainty founded on demonstration." It is only our ignorance of the technique involved which prevents us from appending a statement of our "personal equation."

The really scientific mind is not, as some suppose, a mental attitude of pretentious superiority. It does not assume the right to give a cut and dried explanation for every phenomenon which is brought under its notice. Still less is it a position of destructive scepticism or blank negation. Rather does it take its origin upon the humble spirit of the great philosopher who painted "Que sais-je?" (what do I know?) as the motto of his study. Science is the patient search for and application of sure knowledge to the phenomena of the unknown.

If they are imbued with this humble spirit, the revisers of our *Materia Medica*, whether working singly or collectively, cannot fail to consolidate and increase our empire. We cannot have too much science of this order. Alike without haste and without remission, as those who undertake a task too long neglected, our workers must press forward, in the confident hope of handing the torch of truly scientific medicine to their successors some distance further advanced and something brighter than when they took it up. If this be a correct forecast of the future, a Happy New Era is assured.

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\* *Homœopathic World*, December 1st, 1898, p. 529.



## THE NEW MATERIA MEDICA OF THE GERMAN HOMŒOPATHIC SOCIETY.

By R. E. DUDGEON, M.D.

THE British Homœopathic Society having undertaken the publication of a complete Homœopathic Materia Medica, it may be of some use to the compilers to become acquainted with the plan of the Materia Medica about to be issued by the Central Society of German Homœopathic Physicians, which was settled at the late meeting of that Society in Salzburg. The following translation of the resolutions adopted by the German Society may perhaps afford some useful hints to the British Society's committee both as to what they should do and what they should avoid. The Germans hope to complete their work in about 8 years.

1. The work, it is expected, will fill 200 sheets of printed matter, *i.e.*, about 3,200 pages.

2. It will contain from 280 to 300 medicines.

3. The medicines will be treated according to the following schema: *a*, botanical, zoological and chemical part; *b*, list of symptoms; *c*, physiological part; *d*, comparative part; *e*, list of literature.

4. The botanical, zoological and chemical part, will give a brief account of the derivation and, when needful, the production of the medicine. Plants will be briefly described and their officinal parts indicated. With regard to the chemical substances a brief description of their preparation will be given, especially when Hahnemann's directions differ from those in common use.

5. The catalogue of symptoms will be as complete as possible. This will be preceded by a numbered list of the provers, arranged as far as possible chronologically. The full number of the symptoms will be given as far as possible. To be omitted are (1) those that are evidently owing to auto-suggestion, judging from the prover's personality. In such cases greater latitude must no doubt be allowed to the subjective appreciation, but we have two available criteria to guide us, namely, the control by other provings, and the clinical corroboration of the symptoms. Here Allen's *Encyclopædia* may be chiefly consulted, where all clinically corroborated symptoms are indicated by an asterisk. It is advisable to place doubtful symptoms at the end of the division with

the name of the prover in brackets. (2) Further, to be omitted are such symptoms as appear to belong to the course of natural disease. For instance, if at the commencement of the proving the prover was suffering from catarrh and complained of frontal headache, this symptom is probably to be attributed not to the medicine, but to the catarrh; it should therefore be omitted. But this is to be understood *cum grano salis*. Thus, for example, when among the symptoms of aconite we find the prover had hæmoptysis, which he had suffered from two years previously, and thereafter was in good health, and at the time of the proving had exhibited no sign of pulmonary disease, we should be justified in considering the fresh attack of hæmoptysis as a true aconite symptom—the medicine acted energetically on a *locus minoris resistentiæ*.

At the conclusion of the list of symptoms there should be briefly recorded what symptoms were omitted and why this was done.

Our Materia Medica gives a number of partially valuable symptoms, which were not produced by proving on the healthy, but were only observed as curative action on the sick. These should be mentioned at the end of the division and distinguished by the customary sign "a."

6. The list of symptoms must be as accurate as possible, devoid of all theoretical speculation and strictly reproduced in the language of the reports of the provings. Identical and similar symptoms of several provers should be amalgamated in one, and it should be stated how often they were observed, and in appropriate cases the numbers of the provers given.

7. The following schema has been adopted:—

1. *Psychical symptoms*. A, Emotion. B, Will. c, Intellection. Each of these divisions is subdivided into three categories: a, increase; b, diminution; c, alteration of the normal state.

2. *Nervous system*. A, Sensibility; a, hyperæsthesia; β, hypæsthesia and anæsthesia; γ, paræsthesia. B, Mobility; α, increase of mobility (convulsions, &c.); β, decrease of mobility (paralysis).

3. *Sleep and Dreams*.

4. *Fever and febrile phenomena*. a, chill; b, heat; c, sweat.

5. *Skin.* *a*, General appearance (colour, dryness, sweat, &c.); *b*, Exanthemata.

6. *Bones and joints.*

7. *Glands.*

8. *Head.* *A*, Internal head; *a*, general (confusion, vertigo); *b*, sensations: *a*, in the whole head; *β*, in separate regions (forehead, temples, &c.) *B*, External head: *a*, objective (hair, eruptions on scalp, &c.); *b*, subjective (sensations).

9. *Eyes and vision.* *A*, Eye generally: *a*, objective (appearance, &c.); *b*, subjective (sensations). *B*, Parts of eye: *a*, orbit; *b*, lids; *c*, lachrymal apparatus; *d*, conjunctiva; *e*, eyeball; *f*, pupils. *C*, Vision.

10. *Ear and hearing.* *A*, External ear: *a*, objective; *b*, subjective. *B*, Hearing.

11. *Nose and smell.* *A*, Nose: *a*, objective; *b*, subjective. *B*, Smell.

12. *Face.* *A*, Whole face: *a*, objective (appearance); *b*, subjective.

13. *Mouth and buccal cavity.* *A*, Teeth. *B*, Gums. *C*, Tongue. *D*, Buccal cavity. *E*, Saliva. *F*, Taste. *G*, Speech.

14. *Fauces and Throat.* *A*, As a whole: *a*, objective; *b*, subjective. *B*, Parts: *a*, uvula; *b*, tonsils; *c*, pharynx; *d*, swallowing.

15. *Stomach.* *A*, Appetite. *B*, Thirst. *C*, Constriction and singultus. *D*, Nausea. *E*, Vomiting. *F*, Local affections.

16. *Abdomen.* *A*, Epigastrium. *B*, Hypochondria (liver, spleen). *C*, Mesogastrium. *D*, Hypogastrium.

17. *Rectum and anus.*

18. *Stool.* *A*, Diarrhoea. *B*, Constipation.

19. *Urinary organs.* *A*, Kidney. *B*, Bladder. *C*, Urethra. *D*, Micturition. *E*, Urine.

20. *Sexual organs.* *A*, Male: *a*, penis; *b*, scrotum and testicles; *c*, sexual function. *B*, Female: *a*, uterus and ovaries; *b*, vagina and vulva; *c*, menstruation; *d*, sexual function; *e*, mammæ.

21. *Organs of respiration.* *A*, Larynx, trachea, bronchi. *B*, Voice. *C*, Cough and expectoration. *D*, Breathing.

22. *Thorax.* *A*, As a whole. *B*, The separate regions.

23. *Organs of circulation.* A, Heart: *a*, objective; *b*, subjective. B, Heart's action. C, Pulse. D, Other disorders of circulation (*e.g.*, varicose veins, &c.)

24. *Nape and back.*

25. *Extremities.* A, In general. B, Upper extremities: *a*, the whole; *b*, the parts. C, Lower extremities: *a*, the whole; *b*, the parts.

26. *Conditions.* A, Aggravation according to time and circumstances. B, Amelioration according to time and circumstances.

As will be seen, the Nos. 1 to 7 contain general functions and particular symptoms, 8 to 25 the several regions of the body, lastly 26, the conditions. It does not seem advisable to enter now in detail with respect, for example, to the respiratory and circulation organs, as otherwise they would be unnaturally separated from the regions of the body to which they belong, viz., the thorax.

In order to facilitate the consultation and the practical utility of the work, some symptoms must be repeated twice or even thrice. Thus, for instance, the symptom, formication in the feet, aggravated by getting them wet, must be entered, 1st, under 2 A  $\gamma$ ; 2nd, under 25 c b; 3rd, under 26 A. There are not many such symptoms, so there is no reason to fear that the labour will be too great.

8. At the end of each division there follows a short, but still tolerably complete account of the clinical employment of the medicine based on that division of the recorded symptoms. We think it more convenient to adopt this plan than to defer the clinical observations to the end of the whole list.

We request our fellow-workers to adhere strictly to the schema we have described, in order to secure uniformity in the work.

[Here follows some advice as to the mode of entering the symptoms, which need not detain us. The works of Allen and Hughes are recommended to be employed.]

9. The physiological part contains the deductions to be drawn from the symptomatic part; it comprises the symptoms of the provings, the experiments on animals, the experimental pathological records, the pathological anatomy, &c. No fixed rules can be laid down for the treatment of this part. As regards medicines which are

not well known, for the physiological part may be substituted a brief account of the action of the medicine.

10. The comparative part may be executed more briefly than has been done in our aconite specimen.

11. The list of works bearing on the subject should include all the most important.

Two specimens of medicines treated according to the above plan are given, aconite and euphrasia. Aconite occupies 64 pages of the *Berliner Zeitschrift*. The physiological part fills 15 pages and seems unnecessarily long; the symptoms, with clinical remarks, 32 pages, and the comparative part 10 pages. In this part the aconite febrile state is compared or contrasted with the febrile symptoms of 23 other medicines; the aconite neuralgia with the neuralgias of 18 medicines; the aconite paresis with that of 18 medicines; the chief subjective symptoms of aconite with those of 21 medicines; the aconite megrim with that of 10 medicines; the aconite hæmorrhage with that of 6 other medicines; the aconite ophthalmia with that of 2 medicines; the cardiac affections of aconite with those of 11 medicines; and the nervous palpitation of aconite with that of 9 other medicines. This seems to be a very useful section, and has been very well executed by Dr. Dahlke. The resemblances and differences of the compared medicines are given briefly but precisely, and must greatly facilitate the study of the action of the drug.

Euphrasia is treated on the same plan as aconite, but being a medicine of more limited sphere of action, it only occupies 18 pages.

On the whole the work of the Berlin Society merits the careful consideration of our colleagues who are engaged in the production of our *Materia Medica*.

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#### ACUTE INTESTINAL OBSTRUCTION DUE TO A BAND; LAPAROTOMY; PAROTITIS DURING CONVALESCENCE; RECOVERY.

Reported by Dr. WILLIAM ROCHE and Mr. KNOX SHAW.

Miss H., aged 28 years, engaged as a shop assistant, with rather long hours and much standing, sent for Dr. William Roche, of Clapton, on Monday, October 3rd, 1898. She complained of general malaise and stomach

derangement, which she attributed to a chill contracted whilst riding on an omnibus late on the preceding Saturday night. Dr. Roche found her a little feverish, with a temperature of  $99^{\circ}$ , and pulse 90, the tongue was somewhat coated, and she had some headache. The bowels had acted slightly on the previous day. Her natural habit was to be rather constipated, and she had some tendency to piles. She was of a spare bilious temperament, had a healthy appetite, and menstruated normally. She was given aconite and bryonia alternately, sent to bed and ordered a diet of milk and beef tea. When seen on the morning of the 4th, she had had a restless, wakeful night; she complained of nausea, and had actually vomited twice some bile-tinged mucus. There was some general abdominal tenderness, and slight fulness in the right hypochondrium, but no tympanitis. A careful examination revealed no tender spot, or any mass, faecal or otherwise. There was no hernial protrusion at any of the usual orifices. A rectal examination showed the bowel to be quite empty; there was one small external pile. The temperature was  $99.8^{\circ}$ , pulse 95, and rather feeble. Arsenicum alb. 3, and nux vom. 3x, were prescribed every two hours alternately. She was to take small quantities of hot milk and water only, and to have hot turpentine stupes constantly applied to the abdomen. She was visited again the same evening and found rather better as to pain, but the nausea and vomiting continued, the latter being more copious. She was given a subcutaneous injection of morphia, 1-6th gr. At the next visit on the morning of the 5th, she was found to have had some sleep, but had lately become very restless. The vomit was now copious, of a dark green-brown colour, with a distinct appearance and odour of intestinal origin. There was no great increase of abdominal pain, or tenderness, save in the left iliac region, where there was some fulness and special tenderness. No evidence of any hernia. The temperature was now  $100.2^{\circ}$ , pulse 100. No flatus had passed per rectum, but much came up by the mouth. A copious enema, three pints, of hot thin gruel and oil, with a teaspoonful of turpentine was then administered. This was well borne, and retained for 15 minutes, but returned in two ejections, quite uncoloured, and with a very few small fragments of dark faeces; no flatus was

passed, and the enema was not followed by any sense of relief to the abdominal symptoms. Mr. Knox Shaw was telegraphed for, but, owing to an operation engagement, he did not see the patient till 7.30. The day had passed fairly, there had been no great increase of pain or tenderness, but there had been constant nausea and one further copious vomit of a similar character to the last. The anxious face, sunken eyes, and somewhat dry tongue showed that the patient was evidently acutely ill, and an analysis of her symptoms led to the diagnosis of intestinal obstruction as the most probable cause. A careful study of her previous history—so important in these cases—gave no indications of chronic gastro-intestinal disturbance, pointing to perforating gastric ulcer or to disease of the appendix, being the exciting cause. The collapse of the patient; the pain; the early appearance, persistence, and copiousness of the vomit; the complete constipation, no flatus even passing; the absence of meteorism; all pointed to the obstruction being in the small intestine. As no hernia was discoverable at any of the usual orifices, the probability was that the obstruction was due to a band, or to some internal hernia. The possibilities of the symptoms being due to a localised peritonitis, as from appendicitis; to the impaction of a gall-stone in the intestine; to faecal accumulation; to intussusception; or to the strangulation of an ovarian cyst, were considered and dismissed.

Immediate operation was therefore considered necessary. It was decided to remove the patient early next morning to the London Homoeopathic Hospital, as her surroundings were quite unsuitable for successful operative interference. A quarter of a grain of morphia was given subcutaneously. Dr. Roche saw her again at 6.30 on the morning of October 6th, when he found that she had had some sleep, but had been very restless. Her temperature was  $100.4^{\circ}$ , pulse 106. The remains of the enema had passed with a few fragments of faeces. She had vomited once during the night, the character of the ejecta being the same as before. After a dose of sal volatile she was brought to the hospital soon after eight o'clock. At 9.30 she was seen by Dr. Byres Moir, Dr. Roche and Mr. Knox Shaw, and operation decided upon. Another enema had been given without effect, and the patient had vomited again. Mr. Pritchard the



house-physician anæsthetising, operation was undertaken. A median incision was made between umbilicus and pubes, the peritoneum entered, and the abdominal cavity explored with a negative result. The abdominal opening was now surrounded with hot sterilised towels, and a coil of small intestine seized and some feet of it were rapidly withdrawn. From the appearance of the bowel it was soon evident that the operator was travelling away from the obstruction, so the wound was held open widely, and the whole of the extruded bowel quickly replaced; the gut being now withdrawn in the opposite direction. The intestine was soon seen to be injected, and then distinctly congested, and next a large distended portion was seen lying along the spinal column, and across it was stretched a most distinct whipcord-like band. The cord was rounded and tense, the size of a No. 6 catheter; it was about three inches long, and both of its ends appeared to be attached to the mesentery. The bowel passed beneath the band. The band was divided between two ligatures, and immediately the distended bowel rose into view. The seat of constriction was seen to be thinned, and somewhat dark in colour. There was no evidence of general peritonitis, but there was some ichorous serous effusion in the neighbourhood of the strangulation, and there were a few flakes of lymph on some of the adjacent coils of intestine. The abdominal wound was closed with silk-worm gut sutures, the operation being concluded in twenty minutes.

She vomited but once after the operation, a green offensive fluid. She was fed per rectum, and given belladonna and mercurius cor. alternately in hot water. Next morning, October 7th, Mr. Moss, the house-surgeon, reported that she had had a quiet night. Her temperature, which was  $101.6^{\circ}$  a few hours after the operation, had fallen to  $97.8^{\circ}$  and her pulse was 150. There was no pain, no vomiting, no distension; but there was constant aching in the abdomen. She was now fed by the mouth, and as she was very thirsty, a pint of warm water was injected into the rectum. She was passing flatus freely. That evening she passed a loose, watery, brown stool, and during the night she had six actions. On the morning of the 8th October, the pulse was still rapid, 128, and the temperature  $97.6^{\circ}$ . She was sleeping very badly. During the day she had six more

actions of the bowels, but there was no abdominal distension. On the morning of the 9th, it was noted that she had passed a very restless and sleepless night. The bowels had acted four times, the stools still being quite loose. She was ordered chamomilla and arsenic alternately. That evening she was given a subcutaneous injection of one-sixth grain of morphia. October 10th, between 2 and 3 a.m. the patient complained of pain and stiffness in the right side of the jaw, and a swelling was noticed in the parotid region. The temperature was 99.6°, and the pulse 140. She was ordered belladonna and mercurius bin-iod. The temperature rose to 101° in the evening, pulse 144. Next day the symptoms remained about the same, but as the pulse remained quick, 148, and she was very restless and sleepless, aconite 1x was given on the night of the 11th, after which she slept and seemed much easier. The wound was dressed on the 14th and found to be aseptically healed. She was now taking light solid food. During the night she had her first slightly formed stool. The parotid swelling now began to subside, and on the 19th she was up for an hour. A natural action of the bowels was passed on the 22nd. Her convalescence was slow, but she left the hospital in fairly good condition on November 1st, and on November 28th is reported "quite well."

The subject of acute intestinal obstruction is always of great interest, as, unless speedy relief is obtained, a fatal issue *must* ensue, and at present even the operative mortality in such cases is very high, Treves putting it as probably 75 per cent. This record is considered, not only of intrinsic interest as a life saved, but also from its value as a most instructive case both in diagnosis and treatment. The complete success of early operative interference was most marked. It was remarked at the time that an exploratory operation, even if it turned out to be unnecessary, added very little, *per se*, to the gravity of the case, but if a condition, such as a band, demanding instant relief existed, delay in operation removed all chance of saving the patient's life. An endeavour has been made in describing the course of the illness to bring out the most salient points of diagnosis. The method of rapid evisceration, under strict precautions as to asepsis and warmth, in the search

for the obstruction, is a great advance over the method of examining the intestine piecemeal, and returning it to the abdomen at once. Time—so important an element in operative success in these cases—is materially saved. The absence of meteorism rendered the operation more easy. When this condition is met with the intestine must be opened and its contents removed. During convalescence the onset of a non-specific parotitis caused the temperature to rise. This complication was clearly not pyæmic in origin, but was probably of reflex nervous origin. At one time it was thought that there was some ovarian origin in these cases, but many have now been reported where parotitis has followed abdominal operations which did not involve any surgical interference with the ovaries.

### THE TREATMENT OF HÆMORRHOIDS AND PRO- LAPSE OF THE RECTUM BY INTERSTITIAL INJECTIONS (HOYT'S METHOD).

By DUDLEY WRIGHT, F.R.C.S. Eng.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear  
to the London Homœopathic Hospital.

THE method of injecting into hæmorrhoids various fluids so as to produce shrinking and eventual disappearance of the tumours is by no means new; but, hitherto crude carbolic acid, and other strong caustic fluids, have been used, thereby producing considerable pain and discomfort, and generally necessitating lying up for some time after each injection. These two facts have probably prevented the plan from being much adopted, and it is claimed that the method about to be described, and which was introduced by Dr. Eugene Hoyt, of New York, does away with these two difficulties, and leads to as good and permanent a cure as any other form of operative method.

I am indebted to Dr. Madden for having first drawn my attention to the subject about two years ago, and it was through him that I was enabled to get into communication with Dr. Hoyt, who most courteously gave me the fullest particulars, and sent me a special rectal speculum, and eventually extended his kindness so far as to refer several patients to me.

The instruments required are as follows :—

1. A hypodermic syringe with an ordinary sized needle, and one longer one of about  $1\frac{1}{2}$  inches. I have mine made of platinum, by Meyer & Meltzer, as that enables me to quickly sterilise each needle after use by making them red hot in the flame of a spirit lamp.

2. A rectal speculum. That which I use is Allen's, made by Tiemann, of New York. It is a metal, hollow cone-shaped instrument, having a section of its wall cut out and replaced by a sliding piece. This is a most essential piece of mechanism, for it permits of isolated portions of the bowel being treated at a time without other parts coming in the way. The ordinary bivalve is not a convenient speculum for this work, as it allows too much of the rectal wall, and especially of the anal margin, to come through the opening between the blades, and this prevents a successful dealing with the parts above which are obscured. The slide can be withdrawn as far as needed, and just so much of the piles allowed to present through the aperture as may be required.

3. Mops of absorbent wool on holders—these are used for cleansing the surface of the portion of the bowel to be treated, and should be of such a size as to easily pass into the speculum.

4. The injection solution. The following is Dr. Hoyt's formula :—

R. Hazelini.

Aquæ. aa. pt. æq.

Adde Acidi Carbolici, 10 per cent.

Misce.

The carbolic in the above strength is not entirely soluble in the other ingredients and remains in the state of suspension in fine globules. The bottle must, therefore, be shaken before use.

Now, as regards the method of injecting. Cases may be conveniently divided into two groups. First, those in which the piles or prolapse appear outside the anus. Secondly, those in which the piles cannot be made to protrude readily or at all.

In the first class of case the greater part of the treatment is very easy. The short needle is used, and the smallest tumours treated first. Into each of these from 5 to 10 minims of the solution is injected. The punc-

ture should be made into the pile well away from the margin of the skin, and the needle should not penetrate into the tissues beyond the pile. So long as this precaution is taken there will be no pain either at the time or afterwards. Only a slight prick will be felt, and as the injection is made a hot flushing or wave-like sensation of the part. It needs a good deal of practice to be able always to hit off the exact depth for penetration, and consequently pain is commonly caused in one's first effort, but fortunately this is quite insignificant and almost momentary. At first it is better to inject only two or three piles at a time, and the smallest first, for if they be left to be dealt with last they are not so easily reached. After each injection be careful to replace all the prolapsed bowel and piles well above the internal sphincter, otherwise they will rapidly become swollen as the result of the injection, and possibly become gangrenous.

When dealing only with prolapse of the rectum without any hæmorrhoids, the injection should be made into the sub-mucous tissue in two or three spots, and at each sitting a fresh site for the insertion of the needle should be chosen.

It should have been mentioned earlier that before the injection is given the patient should have well emptied the bowel; and when examining a case for the first time, in order to find out how many piles are present it is a good plan to give a copious hot water injection into the bowel, and make the patient strain in passing it, so as to bring down the hæmorrhoids.

Coming now to those cases in which the hæmorrhoids cannot be easily brought down outside the sphincter, it is essential here to use the speculum. This should be introduced, and the slide partly withdrawn, when one of the piles will project through the aperture thus made. This can now be injected, several minims—I sometimes use half a syringe if they are very big, only it is as well to tread carefully at first—being sent in. It is important to get at the pile as near to its base as possible. Having made the injection, the pile is pressed gently out of the speculum by means of cotton wool on a holder, and the speculum is then rotated so as to get another pile into view. This is repeated and the speculum withdrawn, and the sitting is at an end, and

the patient can now go away to do as he pleases. The sittings may be as frequent as three times in a week, only it is as well not to do too much at once. I generally give two a week.

The above proceeding is also followed in the case of those piles which formerly, though prolapsed, have during the course of treatment so far improved as to come down no longer, even when the patient strains at stool. It is here that one most commonly errs, for it is natural to presume that they are cured, but if a speculum is passed, they will still be found, though small, and to prevent recurrence they must receive further treatment.

It is astonishing how quickly the symptoms are ameliorated. After the first sitting patients usually experience great relief, and in cases where moderate sized hæmorrhoids prolapse outside the bowel whenever the patient goes to stool, often 3 or 4 injections will prevent them from doing this.

It must be distinctly understood that the above remarks do not apply to the so-called external piles, by which I mean the tag like portions of skin around the anal margin left by previous attack of venous thrombosis. These are best snipped off under cocaine, or a general anæsthetic, but they too can be reduced by means of the injection, only this method is by no means free from pain.

The following are a few private cases treated by this method. I have used it in the case of several hospital patients, but not having the note books by me I cannot refer to them. They will serve to show how even severe cases of long standing can be completely cured without the necessity of the patient lying up for a single day. The advantages of such treatment over the ordinary operations for hæmorrhoids are obvious.

Mrs. B., sent to me by Dr. Madden. Was suffering from some piles and slight prolapse of rectum which had existed nine years. 15 months ago Dr. Madden had dilated the sphincter ani, which gave some relief. The piles used to bleed, and considerable amount of tissue would prolapse on straining at stool. Examination showed a very firmly contracted sphincter, so that

the introduction of the finger was difficult, and caused pain. Straining brought down some hæmorrhoids.

This was one of the first patients that I treated by this method, and I had never yet had to contend with so tightly contracted a sphincter. I rather doubted whether I should be able to cure this case thoroughly, and advised removal of the hæmorrhoids by operation if time was an object. The patient however decided to have the injection treatment tried, so I gave two five minim injections within ten days. The patient then went into the country and did not return for three months. At this time she reported herself very much benefited by the two injections, but latterly there had been some discomfort, and the prolapse again appeared on straining. During the next two months I gave seven injections, and at the end, the note made was—"There is now no soreness, and no prolapse or any trouble with the rectum. The sphincter is much less contracted now, for whereas some force had to be used to overcome it, the introduction of the finger or speculum is now easy."

The after history of the case is interesting. I understand from Dr. Madden that there was some return of the trouble a few months later, for which the patient again came under his treatment. At this I am not in the least surprised, for since then I have learnt by experience that the treatment is both more rapid and efficacious if the injections are made at short intervals of two or three days instead of once a week or less frequently as in this case. Moreover, I never took the precaution to inject the upper part of the hæmorrhoids as I always now do, as I had not learnt its necessity at the time.

Mr. A. W. Sent to me by Dr. Hoyt. This patient had been operated on by Dr. Hoyt for fissure, and had piles injected eight years ago. Now, whenever he walks about or strains at stool, a part of the rectum, about the size of a filbert, comes down. This has happened for the last 12 months. Occasional hæmorrhage. Examination showed that there was a large and very red and excoriated pile prolapsed. This had come down during his walk to my house. An injection was made into it, and to regulate the action of the bowel a cold water enema was ordered to be used at night, and the



bowels to act directly afterwards, and the patient then to go to bed. In three days a second injection. In three days another. Note—"walked two-and-a-half miles to day from the City to my house and no prolapse occurred. Ten minutes' walking at other times would be sufficient to cause the pile to come down." After this four more injections were made, and at the end the hæmorrhoids above noticed had disappeared, and nothing came down even on straining after a copious hot injection. The patient remains well now, 12 months later.

Mr. S. L. Referred to me by Dr. Hoyt. Life long constipation. For 12 years, whenever bowels act, masses of piles come down. Great deal of bleeding. Prolapse of hæmorrhoids nearly the size of two walnuts. On one occasion they became strangulated, and had them replaced by a physician. Much aching and dragging in loins, and is generally unfit for business. Ten injections were given at short intervals, the whole treatment extending over 40 days, and at the end of that time the hæmorrhoids had disappeared, and the patient was feeling, as he expressed it, "a different man."

Mr. P. B., aged 72. Prolapse of hæmorrhoids for 30 years—very much worse last 10 years. Has to wear something to keep them up, as they prolapse whilst walking and bleed and cause great annoyance. Constant pruritus ani. I did not consider the case a very hopeful one, as the patient's age and the large size of the hæmorrhoids were against him. When he strained he brought down a mass of hæmorrhoids which might be compared to a small bunch of grapes. In all I gave him 18 injections, the treatment lasting from February to June. At times I emptied half a syringe full into the tumours, and on one occasion he had some inflammation and slight strangulation of the mass, which prolapsed and which laid him up for a week. Apart from this he led a most active life, being able to do his work as a very busy City merchant during the whole period. At the end of May the prolapse no longer appeared, even when straining very hard, but to be on the safe side I gave a few more injections. The pruritus was never quite cured, though much ameliorated by the treatment.

I have given here some of the worst cases, and could report several others. I may say that, in all, benefit has resulted, and in most a complete cure, and the more I use this treatment the more certain am I in the results.

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## IMPRESSIONS AND FACTS DERIVED FROM RECENT GYNÆCOLOGICAL WORK AND STUDY IN BERLIN.

By GEORGE BURFORD, M.B.,

Physician for Diseases of Women to the London Homœopathic Hospital.

At the door of No. 85, in the Elsasser Strasse in Berlin, a man of world-wide fame may be seen on each academic morning to alight and enter for the varied gynæcological work of the day. The building itself is a large, square unpretentious erection, enclosing in its centre the well-beloved German Hof. The man is the most celebrated gynæcologist of the present time—Professor August Martin.

As was said of Burke, one could not be in his society for ten minutes without feeling that here was a remarkable man. Huge cerebral development dominates the bodily frame, and as often with geniuses, great powers of physical endurance are superadded. We have seen him commence complex operating work at eleven and continue steadily up to four. And we caught during a clinical lecture a pathetic reference to one field day of twelve abdominal operations.

Here, like to Mecca, come gynæcologists from the ends of the earth—grey professors, raw post-graduates, as well as those who occupy "the middle distance." *Therapeutics apart*, the head centre of gynæcology at the present time is in this institute and this man. The activities of the place, like that of its chief, are enormous. Day after day sees a stream of cases, in-patient and out, come for relief; and operative procedure here is conducted with a thoroughness and a celerity that is almost dramatic. And the work is as many-sided as it is successful. A thorough-going operative course on the cadaver; the usual academic

lectures; the careful instruction of the men in practical diagnosis, under the Professor's guidance; the conduct of a pathological laboratory, rich in specimens; the daily demonstration of operative measures, mostly of the Professor's own devising, for the treatment of disease; these are not all of the manifold activities of the routine.

In September of the present year, my friend Dr. Cash Reed, of Plymouth, with myself, made a special journey to Berlin in order to work and study under Professor Martin himself. We have to record the particularly courteous way in which we were received, professional amenities, both public and private, being freely extended to us. Professor Martin, moreover, is an accomplished linguist, and took especial trouble, in more languages than one, that our information should be exact.

Very interesting to us were the intellectual aspects of German work. The most notable feature was the complete elimination of optional procedures, whether in diagnostic or operative work. Every detail came in regular order, every step had its assigned place, every item had its fixed qualitative and quantitative relation to the whole issue. It gave the impression, alike in examination, diagnosis, operative treatment, that there was only one right way, and all variants were wrong. If each plan is well thought out, so also is the very best use of every detail. "I am responsible to my students," said the Professor, "for every stitch I make, for every needle I use." The immense importance of such careful synthesis is obvious, as also is the value of adhering to one plan, for only in this way are genuine statistical results possible, or definitely differing procedures to be compared, and the best retained.

Even more impressive was the painstaking thoroughness of the work. For these men, diagnosis has no difficulties. The topography of the pelvic organs, and the exact nature of the diseased conditions, was outlined with a minuteness that provoked distrust until subsequent operation confirmed the statement. To examine a patient, and then to sketch on a board the exact size, position and condition of the uterus, ovaries, fallopian tubes, with any pelvic abnormality—this is done with a detail that we have never seen paralleled in England.

And the test is that each worker is taught to verify the facts for himself. Similar refinements in diagnosis we had beforetime seen in Vienna, but the British Isles, generally speaking, teach them not.

Also with surgical work: the completeness with which every departure, however slight, from the normal is rectified by operative measures, must be seen to be appreciated. Here is a record, pencilled at the time, of separate surgical items gone through in one patient: excision of diseased cervical labia and liberation of cervix from scar fixation; removal of much redundant tissue on the anterior vaginal wall; curetting for endometritis; anterior fixation of the retroflexed uterus, previously fixed in malposition by peritoneal adhesions; perinæorrhaphy. Truly the case was a wreck before operation, but this being completed quickly and deftly, the *restitutio in integrum* was brought about; the parts grew again under one's eyes.

And Therapeutics? Truth to tell, surgery has largely displaced therapeutics in Germany. The cause of this is twofold. On the one hand the safeguard of asepsis, the personal skill born of long experience and hosts of cases, and the dramatic results of modern surgery, allow operative measures to be practised to a degree unwarranted in England. On the other hand, the note of German therapeutics is of that negative or limited character we in this country are accustomed to hear from the medical luminaries of Guy's Hospital. In the Fatherland, diagnosis, surgery, pathology hasten: therapeutics linger. But as the intellectual progress of the world is in oscillations, we may look for an effective revival of the power and place of therapeutics in Germany. Homœopathy was born fifty years before its time; had it come now, there would have been small hesitation, we think, in the adoption of the new evangel in the land of its birth. This is the mission of the band of cultured homœopaths in that country—*alere flammam*.

Of the value, the interest, and the importance, in its own sphere, of the work we saw, we cannot speak too highly. As already indicated, this is the most advanced outpost of modern surgical gynæcology. Where others deal with tens, Professor Martin speaks of hundreds—or of hundreds, then the Professor's standard of

comparison is thousands. Here is a characteristic touch. Speaking of a relatively new operation, that of abdominal fixation for irreducible retroflexion, Martin said, "I have operated on about a thousand of these cases, have not been entirely satisfied with the permanent results, and have renounced the form of operation for another of my own devising." So with hysterectomy; while elsewhere, single operators, less happily circumstanced, are tentatively experimenting with new measures, Martin has operated in many hundreds of instances, tabulated results, drawn conclusions on these data, and chosen a special plan as the fittest to survive.

But we returned with our homœopathy braced, rejuvenated, revived from a survey of the best work on the other side. The assurance was borne in upon us that homœopathy, in potency and in subsistence, is a necessary counterpart to the genius and the amplitude of advanced surgical work. We hold this firmly, and we do not perceive any rival of pretensions to homœopathic facts and laws in this their natural birthright. We consider that the therapeutics we profess is large enough and wide enough to include every effective element in the treatment of disease; and we hold it eminently desirable that we should be thoroughly *au courant* with what of their best and profitablest other workers in the field of disease can offer us. We left Berlin on an urgent professional call to another continental city; and we were fortunate enough there to deliver a patient from the extravagant proposals of "the single remedy, surgery," and effectively substitute measures more homœopathic to the case.

To the immense intellectual pleasure, and stimulus, derived from personal contact with a man of genius in his own work, we can bear liberal testimony.

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## REVIEWS.

*An Abridged Therapy: Manual for the Bio-chemical Treatment of Disease.* By DR. MED. SCHÜSSLER, of Oldenburg. 25th Edition in part re-written. Translated by Professor Louis Tafel. Philadelphia: Boericke & Tafel, 1898.

WILHELM HEINRICH SCHÜSSLER has attained a reputation as the founder of the "Bio-chemical treatment," which has spread beyond the limits of his own country. He was born in the year 1821, in Oldenburg, Germany. Besides his

medical learning, he had an extensive knowledge of languages, being, as we are told in the obituary notice in this volume, proficient in Latin, Greek, English, French, Italian, and Spanish. He had even made a study of Sanskrit. Having graduated in the University of Giessen, he presently obtained the license to practise in Oldenburg, and from 1857 to 1872 had a reputation as a homœopathic physician. He seems, after this, not only to have left his "first love" of homœopathy, but to have become an opponent of the system—at any rate, verbally. For he writes in the present work: "Silicea cannot produce any symptoms in health which could cause its use in disease on the principle of similars" (Preface). Again (page 85), "Who can believe that by giving large or small doses of the cell-salts to healthy persons we could cause morbid symptoms having any similarity with puerperal fever, with typhoid fever, with articular rheumatism, with chills and fever, with hygroma patellæ, &c.?"

Dr. Schüssler died at the ripe age of 77, on the 30th March of this year, and the book under review in his last edition, revised by himself, translated, without additions, by Professor Louis H. Tafel, known to us by his translation of Hahnemann's "Chronic Diseases," the recent American edition.

Dr. Schüssler's work was evidently an honest effort to add to his therapeutic resources, and to improve on the method of Hahnemann. He does not seek to palm it off as an improved homœopathy, and give to it a deceptive catch-name, but wishes it to stand on its own merits. His writings explain his views as far as they are explicable, and his practice is above-board, and based on his theory. Consequently, it deserves a respectful hearing. Unfortunately the author left the solid ground of observed fact, and started with a theory. He writes: "Suppose the functional material (*sic*) lost in the contest with the pathogenic irritation to be, *e.g.*, potassium chloride, then it has also lost a corresponding quantity of fibrin, for potassium chloride and fibrin have a physiologico-chemical relationship. . . . An exudation of fibrin, therefore, pre-supposes a deficiency of potassium chloride, and an exudation of albumen pre-supposes a deficiency of calcium phosphates in the cells immediately contiguous to the exudation referred to. "The cells which have undergone pathogenic changes, *i.e.*, the cells in which there is a deficiency in one of their mineral constituents, need a compensation by means of a homogeneous mineral substance. Such a compensation may be made spontaneously, *i.e.*, through the curative effort of nature, whereby the requisite substances

enter the cells from their interstices. But if the spontaneous cure is delayed, therapeutic aid becomes necessary. For this purpose the required mineral substances are given in a molecular form. The molecules enter through the epithelium of the cavity of the mouth and throat into the blood and diffuse themselves in every direction. Those molecules which enter the seat of the disease enter there into a lively molecular motion, which communicates itself to the homogeneous substances around. These substances enter the cells which have undergone pathogenic changes, and thence a cure is affected" (*sic*), page 29. Further, "The bio-chemical method supplies the curative efforts of nature with the natural material lacking in the parts affected, *i.e.*, the inorganic salts." We make these extracts to show how purely theoretical is Schüssler's treatment. Nor does he attempt by any evidence to prove that variations in the amount of the mineral constituents of the tissues are in reality the cause of disease, much less to show that the supposed change is on the side of deficiency.

Schüssler's doses are infinitesimal, and he gives reasons for adopting them.

As to the remedies themselves, there is no reason why they should not be valuable remedies, and effective in minute doses. If the bio-chemic theory has led to the use of these agents, and they are found in practice to be curative, we are indebted to Schüssler, although his theory may be faulty. The best plan to place his remedies on a sound and permanent footing is to test their action on the healthy. This, of course, has already been done for some of them, *e.g.*, Silica, Natrum mur., iron, etc.

It is a pity Professor Tafel did not get a competent reader to revise his proofs, and prevent many small errors, such as "centre" and "center" on the same page. "Sub-serous conjunctive tissue" conveys no meaning to medical readers; and "ureate of soda," "cephalœmatom" "the sympathicus," "retension" though recognisable are disfigured. "Voluminal action" is not very luminous. Certain remedies for ophthalmia neonatorum are "to be given internally, and also for squirting into the eyes!"

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*L'annuaire de l'homœopathie à Paris.* Edited by Dr. GÉRARD ENCAUSSE. 1st year, 1899. Paris: Chanwel, 5, Rue Savoie. This is a little brochure of fifty-five pages which gives a variety of information for the benefit of the public, concerning homœopathy and homœopathic doctors and institutes. First comes an explanation of what homœopathy is, in the view of the

writer and from the side of the layman. Then follow some interesting comparative statistics. Those who have not visited Paris will be pleased to know that there are some homœopathic dispensaries and cliniques in the different *arrondissements*. A complete list of medical men practising homœopathy, of homœopathic hospitals and pharmacies is also given, and a list of homœopathic journals of various countries.

The most important announcement made by the *Annuaire* is an account of the origin and conduct of the French School of Homœopathy, which we reproduce in full on another page.

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*Dr. George W. Balfour on Homœopathy.* By GEORGE BLACK, M.B. Edin. London: E. Gould & Son, Limited, 59, Moorgate Street. 1898.

WE have received, with much pleasure, this reprint of the excellent paper which appeared in our November *Review*. Dr. Black has, we think, done well to have it published in a separate form. It is admirably adapted to place in the hands of medical men who are opposed to homœopathy, but, having eyes to see and ears to hear, may be supposed to be open to know something of that therapeutic method which they have ignorantly condemned, and from a knowledge of which they might become the medium of doing a great deal more good to the sick, than they ever have been able to do with the limited amount of therapeutic information vouchsafed to them in the ordinary text-books provided for them by their hospital teachers.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the session was held at the London Homœopathic Hospital, Great Ormond Street, on Thursday, December 1st, at 8 o'clock, Dr. Burford, vice-president, in the chair.

#### NEW MEMBERS.

Miss Edith Nield, L.R.C.S., L.R.O.P. Edin., and Mr. William Clowes Pritchard, B.A., M.R.C.S. of the London Homœopathic Hospital, were elected members of the Society.

#### THE NEW MATERIA MEDICA.

The report of the special committee of the British Homœopathic Society on "The Best Scheme for a New Materia Medica," and on "Proposed Provings of Drugs," was presented.



It is the intention of the committee to present in as convenient a form as possible everything essential and of practical use to the physician, and that has been proved reliable in the past, especially that mass of material on which the foundation of homœopathy is laid. The value of the law of similars will also be shown by evidence from other than strictly homœopathic sources. It is believed that this undertaking may be successfully achieved by six workers, and the committee are gratified by the fact that four members have already expressed their willingness to take up the work. Three to four hundred drugs, usually resorted to in the practice of homœopathy, will be considered. The dimensions of the work will be two or, perhaps, three volumes of a convenient size. The following is a brief epitome of the new scheme :—

I. Introduction : *a.* Brief History of the Origin and Progress of Homœopathy. *b.* Present Position of Homœopathy in relation to the Progress of Modern Medicinal Science, and *c.* Objects and necessity for a new presentation of the *Materia Medica*.

II. Drug Action and its Effects in health and Disease.

Section I.—Chemistry, Pharmacy and History. *a.* Name and Synonyms of Drug. *b.* Source and Characteristics of Drug Substance. *c.* Chemistry of Drug Substance. *d.* Pharmaceutical Preparations and Dosage—Homœopathic and Allopathic. *e.* History—with special reference to its first introduction into homœopathic and old school practice.

Section II.—Pathogenetic Summary. The action of the Drug in Health.

Section III.—Regional Pathogenesis. *Materia Medica* and Therapeutics. *i.* Pathological Symptoms. *ii.* Clinical Symptoms and Therapeutic Commentary. *iii.* Brief Examples of Cured Cases.

Section IV.—General Clinical and Therapeutic Summary.

*Drug Provings*.—The committee also presented the following proposals on drug provings. *i.* That a proving be undertaken of the principal drugs used in the treatment of diabetes. *ii.* That the provings be under the direction and supervision of the committee. *iii.* That instructions for the guidance of provers, etc., be handed to the committee. *iv.* That a list be at once opened and a circular issued to members, inviting members and other voluntary provers to undertake provings.

The report is signed by Jas. Johnstone, W. Theophilus Ord, and C. J. Wilkinson (hon. sec. to the committee).

RESOLUTION ON THE SPREAD OF HOMŒOPATHY.

The following resolution was brought forward by Dr. F. Neild, of Tunbridge Wells, and carried :—

"That the Council of the Society be instructed to take into consideration the practicability and advisability of bringing under the notice of the younger members of our profession the existence of this Society, and the fact that those of them who desire to lock into the principles and practice of homœopathy, would be welcomed at our meetings; and if, in its opinion, such a course be found to be both practical and advisable, it is hereby empowered to take the necessary steps without further delay."

#### DIET IN GOUT.

Dr. ORD, of Bournemouth, then read a paper on *Diet in Gout and Allied Disorders*. He based his remarks upon the recognised intimate connection of gout, rheumatism, &c., with the production of uric acid and its salts, and the invaluable guide in treatment that quantitative analysis of the urine affords. It being generally accepted that a diminished alkalinity of the blood favours retention of uric acid and its storage in the system, whilst a higher alkalinity of the blood favours elimination and washing out of the stores, the guiding principle in diet must be to maintain a free flow of urine of low specific gravity. He gave "Three possible diets," viz. :— (1) Carbo-hydrates and hydrocarbons, (2) The nitrogenous diet, and (3) The mixed diet. Dr. Ord had made an experiment with these three diets, with daily examinations of the urine. The evidence clearly pointed to the following facts, (1) That a mixed diet is the worst, and that which tends most to produce gouty poisons, (2) That a semi-vegetarian diet is the best, and that which most tends to prevent gout and eliminate such poisons, and (3) That a strictly nitrogenous diet, in persons saturated with gout, more rapidly and effectively clears out the system and relieves gouty symptoms than any other.

The following fellows and members took part in the discussion, Mr. Wilkinson, Drs. Blackley, Dyce-Brown, Goldsbrough, Moir, Mr. Johnstone, Drs. Day, Epps, Cox, Burford, McNish, and Jones.

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#### NOTABILIA.

#### CONCERT AT THE PHILLIPS MEMORIAL HOSPITAL, BROMLEY.

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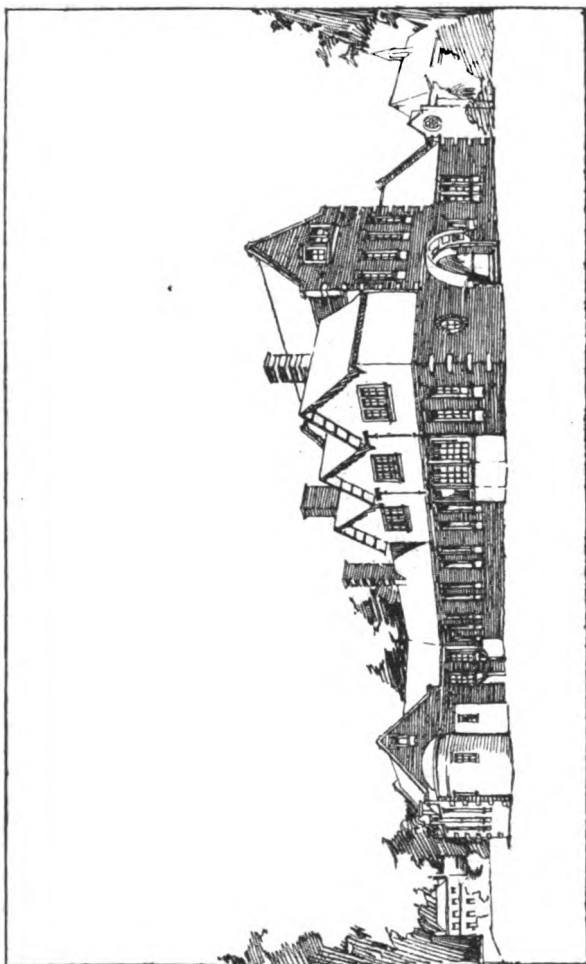
##### AN UNQUALIFIED SUCCESS.

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ONCE again the executive of the Phillips Memorial Hospital, Bromley, are to be congratulated upon having achieved an unqualified success on the occasion of their annual concert in aid of the funds of the admirable institution over which they

preside, that which took place in the Grand Hall, Bromley, on Wednesday, the 30th November, ranking, perhaps, as the most successful, from a musical point of view, of this brilliant series. From their inception, now some five or six years ago, these concerts have year by year risen in the scale of artistic merit and success, each succeeding one marking an advance upon that of the previous year. Whether future programmes will eclipse that of the last is questionable, but it may safely be predicted that if the high standard then reached is maintained—and we have no doubt it will be—the future of these annual concerts is amply assured.

PHILLIPS MEMORIAL HOSPITAL, BROMLEY, KENT.—PROPOSED NEW HOMOEOPATHIC HOSPITAL.



Architects, Messrs. Gibson & Russell, London. Builder, Mr. T. D. Gray, Bromley, Kent.  
[Sketch reproduced from *The Bromley and District Times*.]

The programme submitted contained absolutely nothing that was not first-class. The artistes included Miss Clara Butt, Miss Esther Palliser, Mr. Albert Fransella, and Mons. Johannes Wolf, Miss Ellen Cowdell, the Meister Glee Singers, etc.

Miss Butt's singing gave the greatest pleasure to the audience, and the performances of Mr. Albert Fransella, the celebrated flautist, showed that he is an absolute master of his beautiful instrument.

But where all was so good selection may seem invidious. It is only pressure on our space, which is occupied with less æsthetic details, makes it necessary to limit our allusions.

As we explained last year, the work of erecting a new building for the hospital is already commenced, in the sense of a site being secured and funds being collected.

We are glad to be able to present our readers with a sketch of the proposed new building. The architects are Messrs. Gibson & Russell, and the tender of Mr. T. D. Graty, of Bromley, for £4,820 has been accepted. We hope at no distant date to give a fuller account of the new hospital, and to be able ultimately to announce its completion and occupation.

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### THERAPEUTIC ASTONISHMENT.

DR. GOFF of Dundrum, Co. Dublin, under the title of *The Treatment of Hematuria by Cantharides*, makes the following contribution to the *British Medical Journal* (November 19th): "Having seen in the *British Medical Journal* of September 17th the interesting account by Dr. Beven of the treatment and cure of a case of hæmaturia by cantharides, I thought I would try it in a case which was then under my care, with the following gratifying result:—

"Mrs. C., aged 52, stated that she was then passing a large quantity of blood in her water. I could find no pain, tenderness or fulness in the loins. Her temperature was normal, her pulse 100, weak. There was no puffiness under the eyelids, &c. She said she had felt perfectly well up to the day preceding, when she first noticed the blood in her urine. The urine, though rather less in quantity than usual, was not scanty. As the blood did not come before or after the water, but was mixed with it, I concluded it came from the kidney. I ordered her to stay in bed, regulated her diet, &c., and put her on a mixture of liquid extract of ergot and liquor strychninæ. This mixture was continued for close on a week without any effect whatever on the bleeding. I then determined to try the cantharides. I gave her  $\text{m} \text{ v.}$  of the tincture three times a day in water, as recommended by

Dr. Beven. To my astonishment, in exactly 24 hours after she had taken four doses of the medicine, the hæmaturia had completely disappeared. I then reduced it to one dose daily for two days, when I stopped it altogether, as there had not been the slightest return of the bleeding. It is now some weeks since her attack, and she is quite strong again."

As was clearly shown in our October number, the administration of cantharides in hæmaturia is a purely homœopathic proceeding; and that, as such, it has been constantly employed by medical men who select these drug-remedies upon a homœopathic basis for nearly a century. It is, indeed, so thoroughly well-known, that astonishment at its successful application could only have been excited by an ignorance of the results of treating disease with homœopathically selected remedies, which has been studiously fostered by the various acts of the non-homœopathic medical press, and non-homœopathic medical societies during the last sixty or seventy years.

If Dr. Goff will carefully study Dr. Hughes' *Manual of Pharmacodynamics*, and then test Dr. Hughes' applications of drug remedies in cases that come under his care, applications, each one of which has been deduced from homœopathy, he will have frequent occasions for "astonishment."

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## HOW MEDICAL HISTORY IS SOMETIMES MADE.

THE editor of the *Homœopathic Envoy*, a small sheet published at Lancaster in the State of Pennsylvania, the mission of which is stated to be "For Propagating the True Medical Faith," gives in his October number a curious illustration of manufacturing medical history by drawing upon the imagination for one's facts instead of the old-fashioned and tedious process of investigating statements in order to arrive at facts.

We are told that "Dr. Joseph Kidd, an English homœopath . . . . tells, in his book *The Law of Therapeutics*, published twenty years ago . . . . of a bad case of dropsy treated by himself. The allopathic doctor retiring from the case left 'eleven different medicines on the table.' Then Dr. Kidd, his successor, gave digitalis in very powerful and frequently repeated doses. It would not act; he followed it with 'a brisk mercurial purgative,' then more digitalis which now acted, and the dropsy was 'cured,' but—in three years the man died of dropsy."

Were it not for the quotations here and there of Dr. Kidd's *ipsissima verba*, we could not have supposed that the writer of this paragraph had ever read the book!

Dr. Kidd's report of this case is as follows:—"Mr. —, æt 62, a thin, sallow-looking City gentleman, for many years subject to weak action of the heart, was suddenly seized at his warehouse with breathlessness, palpitation, and inability to walk. Gradually dropsy came on. He was treated for nearly two months by a well known West-end physician. The case was so urgent that for several weeks this gentleman slept in the patient's house. . . . The close attention of his medical friend having proved useless to the patient, as a last resource, when life seemed coming to its close, he sent for Dr. Hewan, who summoned me to a consultation.

"The former medical attendant retired from the case leaving eleven different medicines on the table, all in use, each for some symptom of the disease; one for the palpitation, one for the dropsy, another for the bowels, a fourth for the breathing, and so on; with directions written out for each of the eleven medicines; with two nurses to superintend their administration."

It is a curious commentary on the version of this incident given in the *Homœopathic Envoy* that "the allopathic doctor retiring from the case," who left eleven different medicines on the table, and "the well known West-end physician" mentioned by Dr. Kidd as having had the care of the patient for two months, was no other than the late Dr. David Wilson, of Brook Street, a gentleman upon whom the Homœopathic Medical College of Pennsylvania conferred the Honorary degree of M.D. in 1864 in acknowledgment of his zeal in the cause of homœopathy, his high attainments, and the excellence of his literary and scientific labours.

No one more earnestly endeavoured to carry out the teachings of Hahnemann in the *Organon* and *The Chronic Diseases* as he understood them, and as, we presume, the editor of the *Homœopathic Envoy* understood them, than did Dr. David Wilson. And now, nine years after his death, we find the said editor describing him as an "allopathic doctor." Dr. Kidd most correctly, he being then alive, does not mention his name, and we can only suppose that the editor imagined him to be an allopath from his being described as leaving eleven medicines on the table, each for some symptom of the disease.

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### HOSPITAL CONSTRUCTION.

WE have received a copy of the *Builders' Journal* for the 28rd of November, containing an elaborate and interesting paper on *The Construction of Hospitals for Consumption and other Infectious Diseases*, by Dr. John W. Hayward, of

Birkenhead, read by him before the Liverpool Architectural Society on the 7th November, 1898.

Dr. Hayward defines his thesis in the following words:—  
“Hospitals for consumption, being intended for invalids with an infectious lung and laryngeal (throat) disease, should be constructed with especial reference to atmospheric conditions; to sunshine; and to infection:—equability of warmth; abundance of sunshine. Abundance of fresh air, and facility for supplying, warming, drying, and disinfecting the air, should be considered indispensable qualifications of hospitals for consumptives. These hospitals are not intended for the prevention of consumption, but for the treatment of consumptive patients.”

He then proceeds to describe with great detail the various means by which these *desiderata* may be secured; illustrating his suggestions by clearly drawn plans of his proposed arrangements for wards, securing warmth, providing for thorough ventilation, and also a continuous supply of warm fresh air.

Dr. Hayward concludes his paper by assuring his audience that “the foregoing plan of construction, ventilation, and warming meets all requirements of the writer in the *Encyclopædia Britannica*, and most of those of the Government Commissioners, and of the authors of *Health and Comfort in House Building*; and it is easy to perceive that it will act as well at night as in the daytime, and in winter as in summer; that it is equally applicable to few wards or many, to large hospitals and small, and to general hospitals as well as special; also that ample currents of cold air may be rushed through the whole hospital or through separate stories or individual wards by the windows alone, and yet to be completely under control; regulated or stopped at pleasure; and that the same may be accomplished from the bottom upwards to the top by the special inlets and outlets alone, and in this case also it can be regulated and controlled, or arrested altogether; also that in cold weather the same may be accomplished with air warmed by the warming apparatus, and this also completely under control; also that in winter the incoming air may be warmed to almost any degree by the warming apparatus; and in summer cooled to almost any degree by ice being placed in the fresh air chambers; also that the air, as well as being dried and filtered, may be disinfected, medicated or perfumed at pleasure, before passing into the hospital; also that the patients may have all the available sunshine all the year round—in the eastern wards, during the forepart of the day, and in the western wards during the after part of the day; and that this also can be effectually regulated and controlled

by blinds that will thoroughly darken, so as to exclude the sunshine when necessary, as in brain affections, sleeplessness, and such like states. That indeed altogether little is left to be desired as to the ventilation, warming or sunlight—three of the great essentials of health and comfort in hospitals, as they are in private houses."

The whole paper is extremely interesting and will, we trust, prove to be useful to those whose attention is now being directed to the erection of Sanatoria for Consumptives, for though Dr. Hayward has designed his hospital especially for persons actually suffering from consumption, the suggestions he makes are almost, if not quite, as essential for a building intended to house those who are threatened with this dire disease. The essay is well worthy of the writer who was, jointly with the late Dr. Drysdale, the author of the excellent monograph *Health and Comfort in House Building*, published in 1872, and shows how fully he has kept up, during the intervening years spent in the active practice of his profession, with the ever growing requirements of sanitary house building.

#### FRENCH SCHOOL OF HOMŒOPATHY.

THE *Annuaire de l' Homœopathie*, Paris, gives an account of the establishment of a course of lectures by some of our colleagues in that city. We append a translation of it without taking any responsibility for its accuracy, and we have no knowledge as to whether the scheme found sufficient encouragement during its first session (1897-1898) to secure its continuance this year. We are equally in the dark as to what "homo-homœopathy" may be, or why a Society represented by Dr. Encausse is called the "Hermetic Society."

"Hitherto no school had existed in Europe giving a regular course of instruction in Homœopathy, and granting diplomas to doctors; but the proposal to found such a school was made at the annual banquet of 1897 (held on Hahnemann's Anniversary, Saturday, April 10th), when Doctor Encausse proposed the following toast *in re* this subject:—

"Gentlemen and esteemed colleagues,—*In prim.* Allow me to thank the committee of the French Society of Homœopathy for the great honour they have bestowed on me in making me fill this post instead of the more modest one to which I am entitled. We have met here to render justice to the work and personality of Hahnemann, to whom the heads of our profession here present have added the name of Hippocrates, the father of vitalism. Allow me in the



name of the Hermetic Homœopathic Society of France, which I represent amongst you, to further add thereto the memory of Paracelsus. It was under the protecting shield of this formidable opponent of Galen that we were led up to the science of homœopathy which I practise, at the same time appealing to all schools ranging from homo-homœopathy to the great classic school, for the practice of medicine has demonstrated to us the fact that homœopathy is at all times and under all circumstances to be relied upon, and must, like every other great truth, finally triumph. In conclusion, gentlemen and esteemed colleagues, allow me to express a wish: Science is here largely represented by eminent and learned teachers, by an organisation including several hospitals and numerous cliniques. Why not concentrate your efforts for the formation of a 'Homœopathic Medical Faculty' in Paris, which shall in the near future enlighten the whole of Europe? If my feeble efforts can be useful to you, I offer them cordially, and I drink to 'Hahnemann and the Homœopathic Faculty.'

"This proposal most fortunately met with a favourable reception from the audience, and Dr. Marc Jousset was good enough to devote his energies to the carrying out of the plan. On the 15th November, 1897, the formal opening of the school took place in the presence of a crowd of pupils. The following is the course of lectures regularly given:—

"FRENCH SCHOOL OF HOMŒOPATHY,

"25, Rue du Four."

"Scholastic year, 1897-1898.

"Course of Lectures.

"Dr. P. Jousset gave two expository lectures on Monday and Tuesday, November 15th and 16th.

"Dr. Léon Simon delivered a course of *Materia Medica* lectures every Thursday and Monday, beginning on November 18th.

"Dr. Marc Jousset delivered *Therapeutic* lectures on Fridays, starting November 19th.

"Dr. Love gave a course on *Therapeutics of Infantile Diseases*, on Tuesdays, beginning November 28rd.

"Dr. Parenteau delivered lectures on *Therapeutics of Eye Diseases* on Tuesday, the 11th and 18th of January.

Mr. Ecalle gave a lesson on *Pharmacology* on Tuesday, January 25th.

"The lectures were held at 9 p.m."

## SOME BOSTON FIGURES.

DURING the year 1897 there were treated at the Massachusetts Homœopathic Hospital, Boston, 1,566 patients, with 54 deaths. This gives a mortality 8.44 per cent. During the same year there were treated at the Massachusetts General Hospital (allopathic), 4,812 patients, with 361 deaths. This gives a mortality of 8.37 per cent. or more than twice that at the homœopathic institution. At the homœopathic hospital the death rate on the medical service was 4.40 per cent., on the surgical service, 8.12 per cent. For a general hospital these figures are remarkably low, being approached only by a few private hospitals having a picked clientele. At the allopathic institution the death rate on the medical service was 10.06 per cent., on the surgical service 7.88 per cent. As might be expected the greatest difference is found in the medical figures. The general run of patients at the two institutions is the same. Both are private corporations.

There is one great hospital in Boston, the Boston City Hospital. The last printed report at hand is for the year ending January 31, 1897. During that year the report shows that of the 8,393 patients treated, 885 died. This gives a mortality of 9.94 per cent. Of the two hospitals under old school control, one, the Massachusetts General, is owned and controlled as a private corporation; the other is a city charity. To those familiar with hospital ethics this will at once explain the difference in mortality between the two. Eleemosynary institutions supported solely from the public funds are obliged to receive all comers. Hospitals owned and controlled by corporations can make their own rules and regulations. In consequence the public hospitals are invariably the recipients of patients rejected by the others.

The overwhelming difference between the homœopathic and the allopathic death rates can be explained only by the difference in the treatment employed.—*North American Journal of Homœopathy.*

## MICROPATHY.

A CORRESPONDENT sends the following interesting cutting taken from a somewhat ancient number of the *English Mechanic*:—

“Micropathy,” a new system of healing which has one merit, and possibly that alone, viz., the reduction to a minimum of the quantities of drugs administered, is the invention of Dr. Jno. Maclean, M.D., Washington, D.C. Dr. Maclean says, some years since he was attending a case of vomiting, in which all the ordinary remedies had

failed. Upon giving one-sixtieth of a grain of tartar emetic every fifteen minutes, he found that it acted as an irritant to the organ affected; he then reduced the dose to the one-hundredth of one grain, given in the same manner, and soon saw that the disease was under control, which continued until the patient was convalescent. From this time his practice was a succession of experiments to establish the truth of this theory, and he soon demonstrated that whenever a remedy irritates an organ, by reducing the dose to a certain point, it will act as a tonic to that organ. This certain point, roughly stated, is about one-hundredth of the ordinary allopathic dose; that is, if the allopathic dose of rhubarb is 10 grains, the micropathic dose is one-tenth to one-twelfth of a grain; but if this dose cause any irritation, it is a symptom that the quantity given has gone beyond the tonic action and must be reduced, and as the patient is always warned of this action, he can always regulate the quantity taken, according to the symptoms. On carrying this principle into his practice, Dr. Maclean soon proved, to his own satisfaction that dyspepsia, heart disease, female complaints, nervous maladies, disorders of the kidneys and bladder, hæmorrhoids, and, in fact, nearly all of the chronic diseases, so many of which are declared incurable by the profession, are amenable to the tonic action of drugs, and we have numerous witnesses to prove the assertions which we have made concerning these diseases. He claims for micropathy:—

1st. That it is much more exact, for we can prescribe for 100 patients, with the same disease, with only an accurate description of their symptoms, and will cure the great majority of these cases.

2nd. That it is much safer, for as soon as a remedy causes any irritation, it is a symptom that the dose given has gone beyond the tonic action, and, therefore, must be reduced, and as patients are warned of this effect it is almost impossible for an overdose to be given.

3rd. It will bring into use hundreds of remedies which have been thrown aside as inert and useless, owing to their inability to produce the violent action looked upon as a desideratum in the action of medicine.

4th. It will explain the action of medicinal springs, which has so long puzzled the profession, for the quantities of salts in these waters agree almost exactly with the micropathic formulæ of the same remedies.

5th. We can prove by our practice, that these chronic maladies are curable, for we have cured by the aid of micropathy.

## AN EARLY SYMPTOM OF MEASLES.

SLAWYK (*Deut. med. Woch.*, April 28th, 1898) draws attention to the eruption present in the mouth during the early days of measles, first described by Koplik. It consists of shining red spots, in the middle of which there are very minute bluish-white efflorescences. Slawyk says that Koplik's spots have not received the attention which they deserve, and that they represent an absolutely trustworthy and early indication of the disease. During last winter an epidemic of measles broke out in some of the clinics of the Berlin Charité. These cases, along with those of Heubner's clinic, numbered 52 cases, and in 45 of these Koplik's spots were observed. In two of the remaining cases the patients were too ill to permit of a satisfactory examination of the mouth. The spots appeared on the mucous membrane of the cheek and sometimes on the lips. They are mostly few in number. A bright light is necessary, as they are not visible in a yellow light. They practically never run together. They are distinguished from thrush by their colour and their rounded contour. They may be picked off with the forceps without pain or bleeding, and they are then seen under the microscope to consist of large masses of epithelium undergoing fatty changes. They have not been observed in other acute illnesses. In every case where they were seen the measles rash followed, so that whenever they were present the child was at once transferred to the measles ward. Koplik's spots appear on the first or second day of the disease, and increase in numbers up to the time of the skin eruption; they usually further remain for three or four days, so that they last from three to six days. They produce no discomfort. In some cases of measles followed by a stomatitis they were absent. No prognostic significance can be attached to them, as they were present both in mild and severe cases. Details of eight illustrative cases are given.—*Brit. Med. Jnl.*, May, 1898.

## VENTRO-FIXATION OF THE UTERUS.

THE *Journal of Orificial Surgery*, Nov., 1898, gives the following abstract of a paper by A. Laphorn Smith, M.D., M.R.C.S. Eng., read before the American Gynæcological Society, at Boston. His conclusions were based upon about 2,500 cases by forty-one operators, including 111 cases of his own, reported in reply to a circular letter of enquiry.

1. That as far as curing retro-displacements is concerned, whether retroflexion, retroversion, antelexion with retroversion, and also prolapse of the uterus, ventro-fixation with two

buried silk stitches passing through peritoneum and fascia gives the most reliable results. Failures are unknown when the operation is performed in this way.

2. Ventro-fixation should be reserved for cases in which abdominal section is necessary for other reasons, such as detaching of adhesions and the removal of the diseased tubes which caused the adhesions. When it is expected that pregnancy may follow, some other operation should be chosen, because,

3. Although pregnancy only followed in 148 cases out of about 2,500, still in 30 per cent. of these, or 86, there was pain, miscarriage or difficult labour, requiring obstetrical operations.

4. When suspensio uteri was performed—that is, the uterus attached to the peritoneum only—a few relapses occurred; but, on the other hand, the patients were free from pain during pregnancy and the labours were less tedious; neither did they require resort to serious obstetrical operations. The uterus should therefore be suspended rather than fixed to the abdominal wall in all cases in which any part of the ovary is allowed to remain.

5. A third method, it is claimed by some—namely, the intra-abdominal shortening of the round ligaments—is preferable to either ventro-fixation or suspensio uteri. This may be done either by drawing a loop of the round ligament into the loop which ties off the ovary and tube, or in cases in which the latter are not removed, simply to detach them from adhesions and shorten the round ligament by drawing up a loop of it and stitching it to itself for a space of about two inches. By this means the round ligament develops as pregnancy advances, and the dragging and pain and other more serious accidents which are present in 30 per cent. of the cases of ventro-fixation are certainly avoided.

6. If the uterus is attached to the abdominal wall, the stitches should be kept on the anterior surface, but near the top of the fundus; the complications were more frequent when there was too much anteversion than was the case when the anterior surface of the fundus was attached to the abdominal wall.

7. As large a surface as possible should be made to adhere, by scarifying both the anterior surface of the fundus and the corresponding surface of the abdominal peritoneum, in which case one buried silk suture will be sufficient to keep the uterus in good position.

### PRECOCIOUS MENSTRUATION.

THE following case is authenticated by Dr. Maxon, who sent the report to Dr. Ludlam, in *The Clinique* :—

The case "is that of a little girl less than three years old. To all appearances she is in perfect health, was never sick with the exception of having the measles. Frequently she will have a rash come out all over her body, lasting a day or two, followed by desquamation about as is usual in scarlet fever.

"Last November she menstruated, again in January, April, and is flowing at the present time. Each period lasts about four days. She complains a day or two before each period of pain in the lower part of the abdomen. Her breasts are well developed, as much as is usual in girls of fifteen. They become tumefied and very tender at each period. I could not believe her to be in this condition until yesterday, when I examined her to satisfy myself."

### THE HOMŒOPATHIC TREATMENT OF EXOPHTHALMIC GOITRÉ.

DR. H. V. HALBERT, writing in *The Clinique*, states that though at first biassed against the use of remedies selected on the rule of similars, he has come, after study and experience, to have confidence in the following line of treatment. He says :—

"Of the remedies most serviceable to me I would mention ferrum phos., arsenicum iodide and lycopus. The first is most useful in cases of anæmia, or chlorosis, in young girls; the second where there is a history of primary or secondary specific trouble, the strumous diathesis, or more particularly a fibrous increase in the gland together with adenoid enlargements in other glands. The best remedy on general principles is lycopus. This I almost always give in the tincture, five drop doses four to six times daily. The other remedies I have almost invariably employed in the third decimal potency an equal number of times daily. The remedies must be used, with slight intermissions, for two or three years according to the severity of the disease.

"Lycopus virginicus, it will be found, has a primary action upon the heart, producing in the end a cardiac erethism and a resultant stasis of the general venous system. Its direct involvement of the nervous system is in the form of a vaso-motor perversion permitting the decided structural changes from a prolonged impoverishment and irritation of the sympathetic ganglia. Its characteristic symptoms are the cardinal ones of this disease; that is, exophthalmos,

goitre and tachycardia. Added to these we find the alimentary disturbances, diarrhoea, gastritis and hepatitis; these are invariable concomitants of exophthalmic goitre. In place of this remedy I have often found colchicum decidedly valuable during the early attacks of the bowels and when the nausea, even to the odour and name of food, is present.

"We must always remember that the disease is pre-eminently one of the nervous system. Its gradations of symptoms begin with polyuria, diarrhoea, hepatitis and then gastritis. Preceding this we generally find a history of sexual perversion and some genital involvement. When the disease becomes fixed it is principally an irritation and perversion of the functions of the cervical sympathetic ganglia.

"I have had many cases in my private and clinical practice, and in a great majority of them have been successful with the above remedies."

#### LACHESIS IN ENDOCARDITIS.

DR. COLWELL, of Aurora, Ill., reports in *The Clinique* of July last, an interesting example of the benefit of lachesis in a case of post-scarlatinal endocarditis:—

"In February of 1892, L. F., aged five years, was afflicted with scarlet fever. The disease ran a moderate, typical course, without complications. About two months later, he was found very ill with an acute endocarditis and rheumatism of several joints. He grew rapidly worse, in spite of all that was done for him, until it seemed that he would surely die. Though feverish, his skin had a peculiar yellowish pallor; the cachectic colour that we see occasionally following scarlet fever or diphtheria, and a few other diseases that deeply affect the blood.

"Almost from the first of his rheumatic attack, all of his symptoms had been worse upon awakening. He would waken with a whine or a cry, as though in pain. Nothing for a time would quiet him. It did not seem to be pain from lying in one position too long, which could be relieved by moving (the rhus symptom), for moving him did not help matters. For a week he continued to grow worse, and to show more prominently the lachesis indication of 'all symptoms worse after sleep.' In addition there was the history of the blood poisoning, scarlet fever, a few weeks before, and the peculiar cachexia, also pointing to lachesis."

Dr. Colwell adds: "Though the 'writing on the wall' had been plainly 'lachesis,' as I had not used the remedy, and as our potency was a high one, I could not at first get my courage to the point to risk it, so I used various remedies

that had been oftener indicated, and therefore oftener used in my rheumatic cases, such as arsenicum, bryonia, colchicum, rhus tox., etc.

"When a week had passed and my hopes were at low ebb, I reached the point of using lachesis. I felt its results could be no less satisfactory than from the remedies he had had. I sent thirty grains of the 8x trituration of lachesis, to be dissolved in a glass half full of water, a tea-spoonful to be given every half hour."

"The next morning the uncle, his nurse, said 'that was a wonderful medicine, for he began to improve after having taken it for two hours.' The twelve hours since I had seen him had made quite a perceptible improvement of many of his symptoms. After that he steadily gained so that three weeks afterwards I discharged him. He was left with a slight mitral murmur, which he will always have. There is no insufficiency."

"Here was a case cured by an infinitesimal quantity of the indicated remedy. There was no suggestion about its action, for I gave it without hope and without comment. It was given in a disease that does not terminate by crisis. It was lachesis that relieved those symptoms for which it was given."

"Though I had seen the efficacy of our remedies, in the lower potencies, proven and re-proven many times at the bedside, this was a positive personal lesson to me that the higher potencies also have positive powers. It also taught me to give the indicated remedy even though I may not have used it frequently."

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### HYPNOTISM AND PRACTICE.

THE Section of Psychology of the British Medical Association has once more attacked the problems of hypnotism, and has once more left the subject *in statu quo*. We may now be permitted to hope that it will not recur until there is evidence that the profession generally sees clearly that hypnotism can be adopted as a therapeutic measure which is trustworthy in operation and appropriate in application. We appreciate the ability with which Dr. Milne Bramwell opened the discussion, and acknowledged that no one could read the eloquent address of Mr. F. W. H. Myers without feeling a lively interest in its subtle and suggestive theoretical arguments. But from the point of view of the physician desirous of understanding the agency which he is invited to apply to the treatment of disease, we are compelled to ask, Do Mr. Myers's opinions elucidate difficulties? Does Dr. Bramwell's experience fully convince?



It is not very clear that anything has been gained by the introduction of the term "subliminal consciousness." It would rather appear that, using the example cited by Mr. Myers, the limitation of the visual field in some cases of hysteria is analogous to the limitation of consciousness in daily life, and that we might more correctly and more suggestively speak of the "fringes of consciousness." No doubt the conception of higher cerebral centres controlling lower has proved an admirable working theory of mind, and it would still seem that the theory of the suspension of higher inhibition is generally applicable to the facts of hypnotism. Similar loss of control in cases of mania is surely illustrative of the psychological conditions.

We are not persuaded that Mr. Myers has given us proof that hypnotism has the power to arouse faculties which are dormant in the normal condition. If there be a subliminal consciousness which is but slightly under control, or not under control at all, how and when is it developed? Is it a survival; or is it that "cosmic consciousness" of Dr. Bucke's,\* which he holds to be the latest achievement of human evolution? Further, granting this subliminal consciousness, how is it to be connected with the method and practice of hypnotism? Mr. Myers cites, as an indication of this latent faculty, the hallucinations suggested to the girl subject, a picture of a black cat "more vivid than the waking effort could have afforded." How can this delusive cat be more real than the real cat, or how can the black cat of hypnotism be more horrific than the terror of a dream? Mr. Myers would reply that the hypnotiser has unlocked some fountain of energy, latent in the girl's being, by some transmissive influence, as who should say that some occult transmissive influence has unlocked the fountain of maniacal energy in a general paralytic. We require further information as to this telepathy before we can allow it to override physiology and pathology. The latest theory of the mobility of the branching neurons, their tentacles withdrawing and breaking contact on exhaustion, is much more satisfactory to the physician trained in exact scientific method.

We agree with Mr. Myers that hypnotism is no more a trick than education is a trick; but when he goes on to state that, just as education develops observation and memory, so hypnotism develops organic concentration and recuperation, we must part company with him. The calmative, hopeful influence of the experienced physician has its value in the practical work of the profession, but

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\* *British Medical Journal*, 1897, vol. ii., page 643.

vital processes are in no such need of this extraneous assistance of doubtful import either in health or disease.

Dr. Milne Bramwell laboured to prove that the practice of hypnotism is indicated in the treatment of disease, and is of distinct unalloyed therapeutic value. We would hasten to acknowledge the transparent sincerity of his beliefs, and in differing from him we desire to express our disagreement with the courtesy that is due to an honest and persevering investigator. At the same time we must observe that his records appear to be extremely meagre, and do not prove his main contention, which would ascribe the results to hypnotism. If *pruritus vulvæ* and *eczema* are to be cured by this method, if tractable organic changes can be modified by the induction of somnambulism (possible in the vast majority of cases on his own showing), medical practice should by this time have been relieved of many painful experiences.

Dr. Bramwell's complicated time experiments on a single case must stand as an isolated instance until these are conducted in a series of persons on whom hypnosis is induced for the first time, under the careful control of independent observers. The faculty of waking from sleep at a certain time is common enough to afford numerous opportunities, if we could be convinced that it is desirable to make these experiments at all. No one doubts that hypnosis can be induced; the question is whether it be expedient to attempt to induce it. Dr. Bramwell appears to us to claim too much when he states that no morbid craving for hypnosis has been developed to his knowledge, but that it has endowed persons of weak will with force of character. That is not how character is developed according to the general experience of mankind. Character is the result of long-continued right thinking, carved in deep channels along lines of self-development. It inevitably comes into play when problems of life and mind present themselves for solution.

Those who practise hypnotism indiscriminately are using a very dangerous tool, and if Dr. Bramwell has seen no ill effects other observers have—ills varying from sudden access of mania to the weakening of moral fibre. This relaxation of will power, which it is the aim of the physician to conserve and guide in proper directions, must be considered to be a very serious danger, in spite of the commendation which the method received from Sir William Crookes in his address to the British Medical Association—commendation, as it seems to us, founded on an insufficient acquaintance with all the facts. The physician should continue to attack the real fortress of disease, and not

content himself with covering up symptoms with soporifics, tangible or intangible.

A word must be said as to the possibility of inducing persons under the influence of hypnotism to commit crimes. Although it falls to the lot of most men to commit appalling crimes without the slightest remorse or astonishment in the restlessness of dreams, it is confidently stated that no criminal hypnotist could induce a law-abiding man to do murder in the hypnotic state. It would imply a very low order of criminal intelligence to suppose that a man of character would prove a fitting tool. Rather would the prime villain seek out one like himself, one to whom crime would come easily. Still Dr. Mercier's point must be insisted on—the subject might, if there is any validity in hypnosis and suggestion, be induced to commit a crime which is represented to him as a purely innocent act. The exponents of the hypnotic faith cannot have it both ways; they cannot urge that hypnotism is effective and yet not effective as may suit the argument of the moment. Dr. Bramwell is rather hard on Dr. Luys, who was just as sure of his facts as Dr. Bramwell is, and had attained the highest position in the profession. We recall the cures so strongly attested as having been wrought by the external application of suitable metals, and the transference of hemi-anæsthesia; we recall the thousand and one tales of pseudo-scientific wonders; we recall the success of Dr. Esdaile in India and his failure in this country, and pronounce for delay in accepting hypnotism as an addition to our therapeutic armoury. There is no hypnosis, in the sense indicated by Dr. Bramwell, without suggestion; and we deprecate its use while it holds out any inducement to a man, however feeble, to resign his responsibility and become the passive agent of another however well intentioned. We agree with Professor Benedikt that hypnotism may become dangerous to the intellect, the will, and the character of the patient; and not free from danger to the physician who practises it, since he is so easily deceived by his subjects and so liable to gross delusions.—*British Medical Journal*.

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### THE NEW MATCHES.

#### THE NEW FRENCH "S. C." MATCH.

TO MAKE a match capable of striking anywhere, and into which white phosphorus shall not enter, has been a problem that has long engaged the attention of chemists and manufacturers. Beyond the extreme utility of the ordinary lucifer there is nothing in favour of its retention, while there is much

to recommend its abolition, particularly when we know the risk of necrosis run by those who are employed in its manufacture. Continental Governments, especially the French, have given this subject careful consideration, with the result that in all probability a match can now be made free from white phosphorus, and capable of igniting upon any dry surface. The French Government, which monopolises the manufacture of matches, is able to put upon the market a new type of match "sans phosphore blanc," the invention of M. Sevine, a factory inspector, and M. Cahen, a State manufacturer. The match-boxes carry the initials "S. C.," those of the inventors. The matches have already been favourably received by the public, and it is said they can be transported without risk. For the last three months they have been manufactured in large quantities in the State factories at Trélazé, Bégles, and Saintimes, and without the slightest accident. It was to overcome the dangers of necrosis from handling ordinary matches, and the inconveniences attendant upon the use of "safeties," that these and other new matches have been invented. In their earlier attempts to make the production of these a success, inventors began by substituting red for white phosphorus. In ordinary match-heads there is usually some potassium chlorate. A combination of potassium chlorate and red phosphorus was tried, but the mixture was found to be too explosive, and the matches spluttered too much when struck. Owing to the high explosive character of the paste, the men who mixed it ran greater risk to life than those who made white phosphorus paste. Potassium chlorate was therefore set aside, and potassium permanganate was tried, but it also had to be abandoned, for it decomposed too readily, and oxidised the other substances present in the paste, rendering them useless. Salts of lead, especially the oxides, received a trial; but as these of themselves are not sufficiently combustible in the presence of red phosphorus, chlorate of potassium had to be added, with the result that the matches exploded too much when struck. Besides, in using the oxides of lead in the making of matches a new danger was incurred—namely, that of plumbism. In 1895 the French Minister of Finance appointed a Commission to help him in deciding upon the merits of "sans phosphore" matches, submitted to him by various inventors, and among these ranked Messrs. Sevine and Cahen.

#### THE ADVANTAGES OF SESQUISULPHIDE OF PHOSPHORUS.

So favourable was the impression made upon the Commission and the Minister by the invention of Sevine and Cahen, that these experts were invited to undertake more

important experiments, and to carry out their methods at greater length in one of the State factories. These gentlemen forthwith proceeded upon new lines. Retaining in their paste as an essential ingredient potassium chlorate, they united with it the sesquisulphide of phosphorus, a substance which, apart from such indispensable qualities as stability and resistance to atmospheric agents, has two other very desirable properties. It ignites, for example, at  $95^{\circ}$  C., much nearer the temperature of white phosphorus ( $60^{\circ}$ ) than that of red, which is  $260^{\circ}$ , and it contains, in addition, very little latent heat. Red phosphorus does not lend itself well to being mixed with potassium chlorate. The sesquisulphide of phosphorus, by its low point of ignition and the facility with which it mixes with the potassium salt, approaches in these respects white phosphorus; it contains, too, less latent heat, and neither in their manufacture nor their transport do the matches made from it readily catch fire. The sesquisulphide contains as impurities only a small quantity of red phosphorus and water. It has a special odour; it is very fixed, does not therefore evolve fumes at the ordinary temperature, and is non-phosphorescent. The toxicity of the sesquisulphide of phosphorus, too, has been determined by Messrs. Sevine and Cahen, and shown by them to be practically *nil*. They gave 8 centigrammes daily to guinea-pigs for a period without any bad results, although the ingestion of 8 milligrammes of white phosphorus in a control experiment caused rapid death; and, when we remember that the 8 centigrammes given to guinea-pigs correspond to 8.5 grammes given to man—that is to say, the amount of sesquisulphide of phosphorus contained in 6,000 matches—some idea may be gained of its harmlessness compared to white phosphorus. An article in the *Revue d'Hygiène et de Police Sanitaire* for August, 1898, expresses the opinion that in France the problem of abolishing matches made from white phosphorus has now been solved, and the hope is confidently expressed that other nations will adopt the use of the sesquisulphide, since consumers will not be able to tell the difference between matches made from it and ordinary white phosphorus. It is claimed that the new match will strike well anywhere. If the practice of the future confirms the expectation of the present, Messrs. Sevine and Cahen will deserve the congratulations and support of the public. Experience, however, will tell. Hitherto the French Academy of Science has given annually a prize to those who have advanced the cause of hygiene in dangerous trades. The opportunity is now given to the Academy to indicate its appreciation of the services rendered by these two gentlemen.

## A GERMAN PATENT.

Almost contemporaneously with the placing of the S.O. match in the market by the French Government comes from Berlin the announcement of the manufacture of matches, free from white phosphorus, by M. Rosenthal and Dr. S. J. von Kourocki. To M. Rosenthal belongs the credit of the invention. The matches are said to strike readily on any dry surface, and do not evolve unpleasant fumes. The paste has been analysed in London by a firm of well-known assayists, and been pronounced free from even a trace of white phosphorus. For the manufacture of these matches patents have been taken out in the United Kingdom and in eleven foreign countries.

The announcement of these inventions has elicited through the Press the statement that Mr. Cordes, an employee of the London County Council, succeeded four months ago in producing a non-phosphorus match. He makes no secret of its composition—namely, potassium chlorate, whitening, plaster-of-paris, ground glass, glue, and amorphous phosphorus; and of the fact that, while it will strike upon any rough surface, it will not strike upon the trousers. Mr. Cordes has apparently repeated the experiments of the French manufacturers.

Should these new types of matches fulfil the expectations of the inventors and meet with public approval, it will serve to illustrate what human invention can accomplish once it is stimulated either by the wish to abolish industrial disease or by the prospect of financial gain, and, should experience prove that the dangers to health incidental to match-making have been abolished, there is no reason why with similar enterprise lead poisoning should not disappear from the Potteries.—*Brit. Med. Journ.*

## MEDICATED WINES.

DR. FREDERIC C. COLEY (Physician to the Hospital for Sick Children, Newcastle-upon-Tyne, and to the Northern Counties Hospital for Diseases of the Chest) writes in the *British Medical Journal* :—

“I have been very glad to have seen more than once of late in the *British Medical Journal* protests against the general use of certain fluids largely advertised under the name of medicated wines. There are two classes of such preparations which I think it is not only our duty to avoid recommending, but against which we should warn our readers with the greatest earnestness, and be prepared to explain our reasons for so doing.

"The first class to which I allude are called coca wines, compounds which consist of a wine of considerable alcoholic strength (generally, I believe, claiming to be either port or sherry), with the soluble parts of coca, or else a salt of cocaine dissolved therein. Coca and its chief alkaloid, cocaine, are drugs which possess some power of removing the sense of fatigue, just as analgesics remove the consciousness of pain. But they no more remove the physical condition of muscles and nerve centres of which the sense of pain gives us warning than a dose of morphine which relieves the pain of toothache removes the offending tooth, or even arrests the caries in it. The truth of this will be obvious to anyone who remembers enough of physiology to know what fatigue really means. A muscle which is tired out is different chemically from the same muscle in its more normal condition, when it is ready to respond vigorously to ordinary stimuli. It has lost something, and is besides overcharged (poisoned, in fact) with the products of its own activity, and it can only be restored by a fresh supply of the material which it requires, and the carrying away of poisonous waste products. Fatigue of nerve centres is no doubt strictly analogous to fatigue of muscles.

"It is practically impossible for us by voluntary exertion to reach the degree of absolute fatigue which the physiologist produces by electric stimulation of a nerve-muscle preparation. The sense of fatigue becomes so intense that voluntary effort cannot overcome it, just as no man can produce asphyxia by simply holding his breath, because the *besoin de respirer* becomes irresistible; but it is quite possible for a narcotic to so dull the sensory part of the respiratory reflex mechanism as to permit asphyxia to take place.

"The sense of fatigue and the *besoin de respirer* are both Nature's danger signals. Drugs which hide such signals from us are a more than doubtful benefit. If it were possible for us to suppose that a fraction of a grain of cocaine could afford to exhausted nerve centres and muscles the nutriment which they require for their restoration, and at the same time eliminate the poisonous waste products, then it would be reasonable to prescribe the drug for use by all who are overworked, and perhaps suffering from the malnutrition consequent upon "nervous dyspepsia," as well as mere want of rest.

"In this go-ahead century it is no wonder that many are but too ready to experiment with a drug which professes to be able to remove fatigue, and to enable a man to go on working when, without its aid, weariness had become unendurable. Cocaine claims all this; and it is most dangerous just because, for a time, it seems able to keep its promise. That is how

victims to cocainism are made. Let us be honest with our overworked patients, who want us to help them with drugs; let us tell them that rest is the only safe remedy for weariness.

"To combine such a drug as coca, or cocaine, with an alcoholic stimulant is to multiply the dangers of cocainism by those of alcoholism. It would be impossible to find terms sufficiently severe in which to condemn the recklessness of those who promiscuously recommend such a compound for all who are overworked or debilitated. One firm actually has the assurance to advertise a preparation of this kind as a remedy for dipsomania. Truly this is casting out devils by Beelzebub with a vengeance. Invoking Beelzebub for such a purpose has never been a success. And I suspect that any form of coca wine will make a great many more dipsomaniacs than it will cure.

"It is, in my judgment, more than doubtful whether any medical man is justified in prescribing coca, or cocaine, in the form of wine, even when he believes that the drug is indicated on satisfactory grounds. Such a form is excessively likely to lead to the abuse of the drug. If the prescription has a real or apparent success, the patient is likely to recommend it promiscuously to acquaintances, with disastrous results only too probable.

"There is another combination which, though utterly absurd from a therapeutical point of view, is not in itself quite so dangerous as coca wine. It will probably do a larger amount of mischief, however, because more people take it. I refer to the various preparations, so largely advertised, which profess to be compounded of port wine, extract of malt, and extract of meat. To the medically uneducated public this doubtless seems a most promising combination: extract of meat for food, extract of malt to aid digestion, port wine to make blood. Surely the very thing to strengthen all who are weak, and to hasten the restoration of convalescents. Unfortunately what the advertisements say—that this stuff is largely prescribed by medical men—is not wholly untrue.

"I do not suppose that any physician of anything like front rank would make such a mistake. But busy general practitioners may be excused if they prove to be a bit oblivious of physiology, and so become attracted by a formula which is more plausible than sound. In the first place, we all know that extract of meat is not food at all. Dogs fed on extract of meat only die rather more quickly than dogs which are not fed at all—which result is only what might have been anticipated. Extract of meat, from the manner of its production, cannot contain an appreciable quantity of proteid material. It



consists mainly of creatin and creatinin and salts. These are, it is needless to say, incapable of acting as food. Extract of meat, and similar preparations, have their uses, however. Made into 'beef tea,' their meaty flavour often enables patients to take a quantity of bread, which would otherwise be refused: or lentil flour or some such matter may be added. In this way, though not food itself, extract of meat becomes a most useful aid to feeding. Persons who are unable to take tea or coffee at supper for fear of insomnia, or cocoa for fear of biliousness, may find some preparations of the meat extract type very useful. Extract of meat is, besides, a harmless stimulant, especially when taken (as it always ought to be) hot. It should be needless to add that to combine extract of meat with port wine is simply to ignore its real use. The only intelligible basis for such an invention must be the wholly erroneous notion that extract of meat is a food.

"Extract of malt is useful by itself. But when I prescribe it I like to know both the quality and the quantity of the preparation which my patient will receive.

"As to the 'port wine,' the medical man appears to me strangely innocent and confiding who supposes that he has recommended a good investment when he has told a patient to buy port wine, complicated with an unknown quantity of beef extract and malt extract. Port wine is, at the best, a fluid about the composition of which it is difficult under any circumstances to pronounce with confidence. But when its flavour is confused with that of beef extract and malt extract, the most experienced connoisseur might well decline to venture so much as a guess about such a complicated problem. And when the difference between cost to vendor and cost to purchaser has to provide for a huge expense in advertising, and lavish free distribution of samples, and over all this to furnish large dividends—under these circumstances the antecedent probability in favour of a high quality of genuine wine is not such as to banish scepticism."

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### BATH HOMŒOPATHIC HOSPITAL.

THE annual meeting of the above institute was held on December 20th last, and formed a pleasing departure from the usual uninteresting routine of such dull gatherings. The committee and members of the Ladies' Work Society issued invitations to a *conversazione*, for the purposes of which the Mayor kindly granted the use of the Banqueting Chamber. This was converted into a temporary drawing-room with the assistance of luxurious furniture, aided by a choice collection of plants tastefully grouped. Dainty refreshments were pro-

vided, and the Rhine band rendered a generous selection of music. There was a large attendance, including the Mayor (Alderman Ricketts), and the company thoroughly appreciated the arrangements made for their pleasure by the committee.

The company adjourned during the evening to the Old Council Chamber, where the business was gone through under the guidance of the Mayor, who was supported by Gen. Sir Edward Russell, Drs. Percy Wilde and Wills, Rev. T. Tyers, and Mr. A. Castellain (hon. sec.). The report of the committee showed an increase in the amount of work done by the hospital, both in its out- and in-patient departments. The funds had increased chiefly through the payments of patients in the private wards of the Hospital. This plan of receiving private patients has met with considerable success at Bath, and at many of the provincial hospitals in this country. In America paying wards form a large and almost constant feature in hospital work, and we are surprised the authorities of our Metropolitan hospitals have not adopted the method. Of the need for some provision of this kind there can be no doubt, as our own pages and the work of the Charity Organisation have shewn.

During the proceedings Mr. C. T. Knox-Shaw was elected Consulting Surgeon to the Hospital, and Dr. George Burford, Consulting Obstetric Physician.

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### THE THERAPEUTIC USES OF CUPRUM.

FROM the symptoms developed in its provings, Evans, of Chicago, deduces the fact that the influence of cuprum is chiefly expended upon the principal nervous centres. It is doubtful whether a purely inflammatory process is instituted by copper except where the dosage is tonic [? toxic]. The symptomatology points rather to an alteration in nerve tissue that manifests itself in impaired nutrition, cellular or general. A cachexia becomes manifest, in the presence of which the elements of the blood are changed, and chloro-anæmia is established quite similar to that caused by iron, and which has been cured by the use of the latter metal, and *vice versa*. The inflammatory and ulcerative changes taking place in the intestinal tract are evidently due to the impaired nerve supply to those organs, while the vomiting is plainly cerebral in character. The choleraic state induced by cuprum is of a convulsive and paralytic nature, for tetanic contraction in any or all of the muscles or muscular organs is invariable.

It is in the cerebro-spinal tract that the convulsive effects of cuprum are most readily observed and its administration

for these is so eminently successful. Every form of spasm with which we are acquainted is to be found in the pathogenesis of cuprum. The muscles of the face are spasmodically distorted, contraction of the muscular wall of the stomach causes the most excruciating colic, while constriction of the masseters, pharynx and œsophagus renders swallowing almost impossible, or drink descends with a gurgling sound. Spasm of the bronchial and thoracic muscles causes difficult breathing. Tetanic contraction of the muscles of the extremities is so great that they rise in lumps and knots, with intense pain in the arms or legs, while general convulsions testify to their cerebral origin. These latter are noticed to commence with contraction of the fingers and toes, which spread from one group to another, until the whole body is involved. Paroxysms of convulsive cough, with blueness of the face, show its similarity to whooping-cough; and it is also significant of their nervous origin that spasmodic coughing and vomiting are temporarily checked by a swallow of cold water. Cuprum has been employed by both schools of medicine in the treatment of epileptiform convulsions and chorea, and is also of service in uremic convulsions as well as those attacking diabetics. Repercussed or non-developing exanthema, causing general convulsions, have by the use of cuprum been enabled to make their appearance or reappearance on the skin by relieving the cerebral involvement and permitting the poison to expend itself upon the surface of the body.—*The Clinique*, August 15, 1898.

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## OBITUARY.

SIR WILLIAM JENNER, BART., M.D., F.R.S.

On the 11th ult., in the person of Sir WILLIAM JENNER, there passed away, at the age of 88, one of the most notable members of our profession during the last half century.

From a very humble position in life—he was the son of a small inn-keeper at Chatham—he rose, by dint of sheer hard work and the possession of some of the highest qualifications for professional success, to be, to use the Queen's own words, "not only a most able physician, but a true and devoted friend of her Majesty's;" and from being a simple apothecary he became the President of the Royal College of Physicians.

Receiving his medical education at University College, and taking the Apothecaries' Licence, he commenced work as a general practitioner in Albany Street. The record of his

professional career is succinctly given in *The Times* in the following words:—

“ His first public appointment was as one of the district medical officers of the Royal Maternity Charity; but his private engagements were never suffered to interfere with his continued attendance in the wards and the *post mortem* room of the hospital, where he soon became known as a worker of exceptional diligence and sagacity. In 1844 he graduated as M.D. in the University of London; and in 1848 he became a member of the Royal College of Physicians and withdrew from general practice. His old teachers were glad to avail themselves of his aid as a colleague; and he was at once appointed Professor of Pathological Anatomy to University College and Assistant Physician to University College Hospital. In both capacities he gave speedy evidence of the characteristics which distinguished him through life; and it may be a question whether his untiring industry as a seeker after knowledge or his perspicuity in imparting to others the results of his labours was the more remarkable. From the moment when he obtained a position which permitted the full exercise and display of his powers his success was no longer doubtful, and he was so far favoured by fortune that his rise was rapid. In 1852 he was elected a Fellow of the Royal College of Physicians, and was appointed Gulstonian Lecturer. In the same year he was elected Physician to the Hospital for Sick Children, Assistant Physician to the London Fever Hospital in 1858, and full Physician to University College Hospital in 1854. In 1857 he succeeded to the Professorship of Clinical Medicine in University College, and in 1861, on the death of Dr. Baly through a railway accident, he was selected by Sir James Clarke to fill the vacant office of Physician Extraordinary to her Majesty, whereupon he resigned his post at the Fever Hospital. In 1862 he was appointed Physician in Ordinary to Her Majesty and Professor of the Principles and Practice of Medicine at University College, and he then resigned his physicianship to the Hospital for Sick Children. In 1863 he was appointed Physician in Ordinary to the Prince of Wales, and in 1864 was elected a Fellow of the Royal Society. He was created a baronet in 1868, K.C.B. in January, 1872, and G.C.B. in 1889, when he finally retired from practice to his country seat near Bishop's Waltham. He was President of the Royal College of Physicians from 1881 to 1888, and had received honours from many learned bodies both in this country and abroad. He was a D.C.L. of Oxford, LL.D. of Cambridge and of Edinburgh, a Commander of the Order of Leopold of Belgium, and an honorary member of the Belgian Academy of Medicine.”

The most striking feature of Sir William Jenner's character was his industry, his entire devotion to the work of his life. On an occasion when the subject of amusement was under discussion, he said, "Amusement! My amusement is pathological anatomy!" And again, when he had a smaller class than usual it was suggested that probably some of the students had gone to the Derby, he replied, "The Derby! When I was a student I no more knew when it was Derby Day, than when it was Trinity Sunday!"

Intensely dogmatic and bitterly prejudiced against any opposition to a question on which he entertained strong opinions—and he held no others—curt in his manner in private life, his unfailing kindness to the sick was conspicuous beyond all else. It mattered not whether the patient was in a palace or a hospital, he was made to feel that his case occupied the entire attention of the physician, and that his feelings were as much considered as his welfare. With even a moderate amount of medical knowledge, a physician possessing this faculty is sure to achieve professional success.

Towards homœopathy and all members of the profession practising homœopathically he cherished the bitterest feelings of hatred. His refusal to meet Dr. Kidd at the bedside of dying Earl of Beaconsfield, even at the expressed desire of Her Majesty, exposed Sir William to a large amount of criticism from the general press, which was as severe as it was thoroughly deserved. The *Scotsman*, for example, referring to an announcement in the *Lancet* that Sir William Jenner had "not met Dr. Kidd in consultation," said "a load must have been lifted from the breast of the faculty on receiving the assurance, quoted above, that the rumours of Sir William Jenner having been more humane than punctilious were entirely false." At a meeting held at the Royal College of Physicians during the following December with the object of preventing the members of the college from meeting homœopaths in consultation, Sir William remarked, in the course of the discussion: "It had been said that we should meet for purposes of diagnosis. Am I," he added, "a mere puzzle solver? Am I to be paid for solving a puzzle?" That a physician, whose reputation in the profession had been obtained almost entirely through his knowledge of disease and its manifestations, should speak so contemptuously of the diagnostic art must have been the result of passion and a desire to excuse prejudices which had been so severely characterised by the general press in the early part of the year.

As may be readily believed of one whose confidence in the power of drugs to assist in curing diseases was so limited as

was Sir William Jenner's, his interest in therapeutics was chiefly confined to measures of prevention, and he always taught his pupils that to prevent was of more importance than to cure disease.

Sir William Jenner's published contributions to medical literature were not numerous, but on the other hand, they were of first rate importance. His connection during ten years with the Children's Hospital in Great Ormond Street, provided him with ample opportunities for the study of the pathology of diphtheria, of which he made the fullest use; the fruits of his work he presented to the profession in a treatise on that disease published in 1861.

Again, at the London Fever Hospital, he made an extensive series of clinical and *post mortem* observations sustaining and indeed demonstrating with complete fulness the non-identity of typhus and typhoid fevers in 1849. In his views he had been preceded by the late Professor Henderson of Edinburgh, whose very important essay on this question appeared in 1844. These two papers were, with some others of permanent value, re-published in 1898.

Lady Jenner, with four sons and one daughter, survives her husband. His successor in the baronetcy is a captain in the 9th Lancers. One of the younger sons is in the medical profession, another in the army, and one in the Consular service.

At the funeral, which took place on the 16th ult. at Durley, Hampshire, H.M. the Queen and H.R.H. the Prince of Wales were represented.

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THE HON. ALLAN CAMPBELL, L.R.C.P. Edin.,  
L.F.P.S. Glas.

With true regret we record the death, from angina pectoris, of our well-known and widely respected colleague in Adelaide, South Australia, Dr. ALLAN CAMPBELL. The position he occupied in the colony may be gathered from the notice of his career in the *Adelaide Observer*, Nov. 5th, which is introduced in the following terms:—

"The people of South Australia were painfully startled on receipt of the tidings of the shockingly sudden death of one of their most prominent, useful, and respected colonists, in the person of the Hon. Dr. Allan Campbell, M.L.C. The deceased gentleman was taken ill on Sunday morning, October 80th, while about to take a bath, and although he appeared to revive, the improvement was not for long. Another attack prostrated him again, and after lingering a few hours, he passed quietly away in the presence of many of his relatives and friends."

Allan Campbell was born in the Barony Parish of Glasgow in the year 1836. The early days of his youth were passed in Renfrewshire, at Cathcart, a village about four miles south of the City of Glasgow. His elementary education was imparted to him chiefly in the parish school of his place of residence. The master of that institution was evidently a man of unusual gifts, and he certainly made a deep impression upon the heart of his young pupil, who for many years after his arrival in the colony maintained a friendly correspondence with the old preceptor. In his maturing years he went to Glasgow and devoted himself to higher branches of study, especially in mathematics and physical science. His special object was to qualify himself for the profession of architecture, but his health failed, and he had to abandon that ambition. Still he did a good deal of work in the way of architectural direction, and his knowledge of that profession was of incalculable benefit to him in later years when assisting with the designs of such buildings as the Children's Hospital (Adelaide), and other homes for the sick with which he was so prominently associated. Between his relinquishing of other professional studies and his beginning of the medical course there was an interval of some years. In 1866, however, when thirty-one years of age, he qualified as Licentiate of the Royal College of Physicians, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow. His uncertain health interfered for some time with practice of his profession. The first appointment which he took was, we believe, that of House Surgeon to the London Homoeopathic Hospital, but he was forced by ill-health to give that up and fly to the South of Europe from the malady which caused him so much anxiety, loss, and pain. Having been restored by his Continental residence, he decided not to risk any longer the rigours of the British climate, but to seek the milder atmosphere of one of the Australian Colonies. He finally chose South Australia, with which he had family associations, and arrived there in the year 1867. He at once began the practice of his profession, having entered into partnership with Dr. H. Wheeler, now of Windsor. Hardly had he settled down to his lifework than he began to demonstrate the public spirit which he showed in so many admirable ways ever afterwards. Possessed, like his surviving brother—himself an artist of no mean ability—with art perception, he first joined the committee of the Society of Arts, with which he has ever since been connected. Another prompting of his cultured nature was gratified when he took a seat on the old Board of Education, which was supplanted by the regime introduced by the Education Act of 1875. He was later

appointed a member of the Education Council created by the act referred to, and acted as Chairman for some time. He also became a member of the Central Board of Health and of the University Council. Notwithstanding that enormous demands were made upon his energy by pressure of a heavy professional practice, he further showed his capacity and zeal for the public interest by serving on various Parliamentary Royal Commissions, such as those concerning the Parliament Buildings and the sewage question. His active participation in politics as a member of Parliament did not begin till twenty years ago, when he was elected to the membership of the Legislative Council, in which he worked without interruption up till the time of his death. He never did anything by halves, and probably scarcely any surviving member of the Upper Chamber has had more influence upon the laws passed during the last twenty years than Dr. Campbell, though practically he never held a Ministerial office. In the cause of Australian Federation the doctor took a deep interest. He was an unsuccessful candidate for the Federation Convention, but as a leading officer of the Federation League he did useful service for the cause of national unity. Enterprises connected with the development of the colony's resources found a warm supporter in Dr. Campbell, and he acted as director of several South Australian Mining Companies.

The work of philanthropy will always be that with which the name of Dr. Campbell will be most closely and honourably associated. He began to help in the cause of the poor and the suffering as soon as he arrived in the colony, and he continued in that noble enterprise until the end of his life. The crowning work of his life was connected with charitable undertakings. He was one of four who founded the Children's Hospital, and half the success of that asylum for the sick children is due to his indefatigable exertions and his special knowledge of the work to be done, and of the means necessary in the doing of it. The latest extension of what is now a noble pile of buildings was due almost entirely to his initiative. The same remark may be applied to the Home for Convalescent Children, an institution at Mount Lofty which is really an appendage to the parent institution in North Adelaide, and which was opened for its beneficent purpose a short time before his death. Apart from the special objects with which the Hospital was started, one of the most recent developments of the doctor's energy was the establishment of the bacteriological laboratory, which has already proved of such extreme value in cases of diphtheria and kindred ailments.

Coincidentally with his labours for the Children's Hospital



he served the people as one of the most active members of the Committee of the Adelaide Hospital. Other avenues for his spare vigour were found in the St. John Ambulance Society; the Sunday-school Union, of which for three years he was the President; the Caledonian Society, of which he was twice Chief; and the South Australian Literary Societies' Union, of which he was President, and Governor of Union Parliament. He was perhaps the most active of the founders of the District Trained Nursing Society—a most admirable institution for assisting the afflicted poor; and his friendly interest in the Sunbeam Society found expression in many directions. For a time he was head of the Institute of Architects and he filled the office of a trustee of the Savings Bank. He was a member of the Committee of the Institution for the Blind and Deaf and Dumb, and among other positions a member and at one time Chairman of the Board of Governors of the Public Library.

Dr. Allan Campbell was, through his prominence in South Australia as a politician and philanthropist, enabled to do more for the cause of liberty of opinion in medicine than most men. The Children's Hospital, through his influence, was officered by a medical staff composed in part of the regulation practitioner and in part of those who had added a knowledge of homœopathy to their ordinary medical education. Though a firm believer in homœopathy, as well as a skilled and successful practitioner thereof, he was more concerned to do away with the barriers existing between the two schools than to seek to exalt one at the expense of the other. From time to time notices of his work in Adelaide—chiefly from the professional side—have appeared in our pages. He did not make many contributions to medical literature.

The funeral took place on November 2nd, and a large and representative gathering accompanied his remains to their last resting place. A large number of the deceased's relatives attended as chief mourners, and the Legislative Council was represented by its President and Chief Secretary. A number of members of the House of Assembly also were present.

In the Council and the Assembly sympathetic and eulogistic references were made to the life and career of their late colleague. Philanthropy and the science of medicine in general, and in particular the department of homœopathy, sustain a severe loss by the death of Dr. Campbell, and his place will be one difficult to fill by any one man.

He leaves a widow, daughter, several sons (one of whom is studying medicine), and a brother to mourn his too early demise. He was 62 years of age. With all of these friends we express our sympathy.

## DR. LAMBREGHTS, PÈRE.

We greatly regret to have heard, through the *Revue Homœopathique Belge*, of the death of Dr. LAMBREGHTS, père, of Antwerp, the father of Dr. Anatole Lambreghts, who has been an occasional and ever-welcome visitor to our medical gatherings in London during the last twenty years.

Born at Turnhout, on the 9th of August, 1826, he died at Antwerp, on the 22nd of August, 1898.

Dr. Lambreghts took his degree of M.D. at the University of Louvain in 1854, and practised for awhile at Brecht, where his family resided. Within a year, however, he settled at Waterloo; here and in the surrounding villages he obtained a very extensive *clientèle*. Dr. Martiny, of Brussels, in an interesting and very appreciative notice of his deceased friend in the *Revue*, describes his introduction to homœopathy as follows:—In a neighbouring *château* he had under his care a child who was seriously ill. In spite of the measures he employed to relieve him, his condition grew worse day by day, when Dr. Jorez, a well-known homœopathic physician of that day, was called in, and, under the influence of homœopathic treatment, the child made a rapid recovery. Startled by this marvellous recovery under the advice of Dr. Jorez, he earnestly devoted himself to the study of homœopathy, riding on horseback several times a week to attend the dispensary at the house of Dr. van Berckelaer. He became an intimate friend of Dr. Jahr, and a regular attendant at his lectures. His conversion to homœopathy led at first to the loss of many of his country patients, but his indomitable energy and the success of his treatment soon made him a great reputation. He especially distinguished himself during an epidemic of cholera, at the conclusion of which he was proposed for *la croix civique*, but as at this time it was regarded as a crime to be a homœopath, it was refused to him. His public service and success were equally distinguished during an epidemic of dysentery which broke out at Rhode-St.-Génère.

In 1871, wearied with the fatigue of the country practitioners' life, he settled at Antwerp; when his considerable reputation soon led to his having an enormous *clientèle*.

His chief characteristics were his energy and activity which were extraordinary, and contracting an attack of influenza at the bedside of one of his patients, trusting to his strong constitution, he neglected, in spite of the entreaties of his family, to take the rest which his feeble health demanded. "He died," writes Dr. Martiny, "at his task, the victim of his duty."

His faith in our doctrine was resolute, and one of the joys of his life was to see that his son studied medicine and be-

came a sympathiser with his views. He neglected nothing in order to render him a homœopathic physician worthy of himself; and, after having shown him the way that he should follow, sent him to complete his homœopathic studies in foreign countries. He has been well rewarded by living to see his son occupying an honourable and successful position in Antwerp and to become a valuable contributor to the *Revue Homœopathique de Belge*. With him do we most sincerely sympathise on the loss he has sustained by the death of his father.

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### J. HEBER SMITH, M.D.

WE deeply sympathise with the members of the staff of the University of Boston School of Medicine, and our colleagues in the City of Boston, in the loss, the grievous loss, they have recently sustained by the death from heart disease of Dr. Heber Smith.

J. HEBER SMITH, whose forefathers migrated to Massachusetts from the county of Essex, was the son of a methodist minister of considerable repute in New England. He graduated from Hahnemann College, Philadelphia, in 1864. Practising for 18 years in Melrose, in the neighbourhood of Boston, he removed to that City in 1882. In 1878, on the foundation of the Boston University School of Medicine, he was appointed to the professorship of *Materia Medica*, a position which he filled with widely recognised ability until his death on the 28rd of October last.

How highly he was esteemed by his colleagues was manifested at a meeting of the Medical Faculty of the University two days after his death, when the Dean of the Faculty, Dr. J. T. Talbot, being in the chair, the following resolution, proposed by Dr. Sutherland, was unanimously adopted:—

“J. Heber Smith, physician, medical teacher, friend, having been called by the dispensation of the Eternal Wisdom from his earthly labours, his surviving colleagues on the Faculty of Boston University School of Medicine mourn his death, honour his memory and hereby testify to their deep appreciation of his quarter of a century’s unremitting, steadfast and faithful labours in behalf of the School. In class-room, in business meeting, in social gathering, his clear and efficient teaching, his words of counsel, and his genial presence will be sadly missed. His strong individuality, his unfailing cheerfulness, constant good-humour and pungent wit, united with his scholarly attainments, made him a convincing personality. His patient and uncomplaining submission to life-long infirmity, his sympathetic and keen appreciation of the sufferings of others, his energy and

forgetfulness of self in ministering to the necessities of others will linger as an example to be imitated by all whose good fortune it was to know him.

"To his family and relatives we extend our sincerest sympathy for a bereavement which is an affliction shared by all who were numbered with his friends."

Thirty-two members of the Faculty were present at the meeting, each of whom spoke of his great courage, his striking truthfulness to the School, the clearness of his teaching, his constant cordiality and cheerfulness, his magnetic personality and many noble and lovable traits of character.

Most sincerely do we sympathise with our colleagues in the loss of such a friend and brother.

### JOSEPH SIDNEY MITCHELL, M.D., CHICAGO.

WE regret to learn that not only have our colleagues at Boston suffered from the hand of death, but those at Chicago have had to mourn over the loss of a brother.

Dr. JOSEPH SIDNEY MITCHELL was the President of the Chicago Homœopathic Medical College, and is further described, by our exchange, as "one of Chicago's foremost homœopathic physicians." His death was sudden and unexpected, he had been suffering for several weeks from influenza, but had been able to leave his home every day, when during a fit of coughing he ruptured a blood-vessel, from the consequences of which he never rallied.

He took his degree of B.A. at Williams College, in 1863, and then, entering Bellevue Medical College, New York, obtained there the degree of M.D. in 1865. In Chicago he commenced practice soon after graduation, and, becoming a convert to homœopathy, was appointed lecturer on surgical and pathological anatomy, and subsequently on the Theory and Practice of Medicine in Hahnemann Medical College.

In 1876 the rival institution, the Chicago Homœopathic Medical College, was reorganised—a work in which he was the prime mover, and of which he was elected President, an office he filled until his death. For twenty-two years he had also filled the chair of the Theory and Practice of Medicine. At the World's Congress of Homœopathic Physicians and Surgeons held at Chicago, during The World's Fair, he filled the position of President with great ability, his address on the occasion being generally regarded as an exceptionally able paper.

Dr. Mitchell's loss is deeply deplored by his colleagues and a large circle of friends, with whom we most heartily sympathise.

## CORRESPONDENCE.

### THE LATEST BOYCOTT.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—A newspaper containing an account of the annual meeting of the Bath Homœopathic Hospital was sent, in the ordinary course, to *The Homœopathic World*.

I have just received a letter from its editor to inform me that *The Homœopathic World* does not undertake to notice institutions whose chief medical officers boycott *The Homœopathic Directory*.

I understand that the Directory referred to is an incomplete list of homœopathic practitioners issued by the publishers of *The Homœopathic World* as a private speculation, and contrary to the wishes of many members of the British Homœopathic Society and the British Homœopathic Congress.

But I notice a very deliberate attempt to mislead the public, for whom this Directory appears to be issued, by putting on the title page that it is "Edited by a member of the British Homœopathic Society."

If, after the statement of policy announced by the editor of *The Homœopathic World*, I were to allow my name to appear in this book it would be because I was intimidated by the editor of *The Homœopathic World*.

Surely he ought to know his business well enough to appreciate the fact that this kind of thing will not answer with the members of the Homœopathic School.

The whole thing would be too ridiculous to form the subject of a letter, if it were not for the fact that we are fighting an enemy well organised and armed at every point.

I do not trouble myself to consider the motives of those homœopaths who attack Homœopathic Institutions. I can only recognise them as enemies of the cause more dangerous than those who openly and honourably oppose us.

I trust that after this exposure of the methods of the *Homœopathic World*, that no member of the British Homœopathic Society will allow his name to appear in the Directory issued by its publishers.

Yours respectfully,

PERCY WILDE, M.D.

23, Circus,  
Bath.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL, In-patients, 9.30; Out-patients, 2.0, daily; SURGICAL, Out-patients, Mondays, Thursdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Thursdays, 9 A.M.

Communications have been received from Dr. W. ROCHE, Mr. KNOX SHAW, Dr. BURFORD, Dr. DUDGEON (London); Dr. WILKINSON (Windsor); Dr. PENCY WILDE (Bath); Dr. ORD (Bournemouth).

## BOOKS RECEIVED.

*Keynotes and Characteristics; with Comparisons of some of the Leading Remedies.* By H. C. Allen, M.D. Philadelphia: Boericke & Tafel. 1898.  
—*Dr. George W. Balfour on Homœopathy.* By George Black, M.B. Edin. London: E. Gould & Son, Limited, 59, Moorgate Street, E.C. 1898.—*The Homœopathic World.* December. London.—*The Chemist and Druggist.* December. London.—*The Calcutta Journal of Medicine.* September and October.—*The North American Journal of Homœopathy.* November. New York.—*The Homœopathic Eye, Ear and Throat Journal.* December. New York.—*The Medical Times.* December. New York.—*The New England Medical Gazette.* December. Boston.—*The Hahnemannian Monthly.* December. Philadelphia.—*The Homœopathic Physician.* December. Philadelphia.—*The Medical Century.* November. Chicago.—*The Clinique.* November. Chicago.—*The Hahnemannian Advocate.* November. Chicago.—*The American Medical Monthly.* August, September and November. Baltimore.—*The Medical Brief.* December. St. Louis.—*The Homœopathic Envoy.* December. Lancaster, Pa.—*The Homœopathic Recorder.* November. Lancaster, Pa.—*The Minneapolis Homœopathic Magazine.* November.—*The Pacific Coast Journal of Homœopathy.* November. San Francisco.—*Revue Homœopathique Française.* December. Paris.—*Revue Homœopathique Belge.* August. Brussels.—*Revue Mensuelle de Bibliographie Médicale.* November and December. Paris.—*Allgemeine Homœopathische Zeitung.* November and December. Leipzig.—*Homœopathische Maandblad.* December. The Hague.—*Rivista Omœopatica.* September and October. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watgate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

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## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE INFLUENCE OF HOMŒOPATHY UPON THERAPEUTICS.

THE Harveian Lectures for 1898 were delivered before the Harveian Society by Dr. WILLIAM EWART, senior physician to St. George's Hospital, who took for his subject, *Disease : Its Treatment and the Profession of Medicine in 1899*. The three lectures appear in the *Lancet* of the 17th, 24th and 31st December. They are very interesting, and in some points usefully suggestive. In the second lecture—*Lancet*, December 24th, 1898—he dwelt upon *Medical Questions of Treatment, Our Therapeutics, Past, Present, and Future*. Having, in the first place, discussed the advantages medicine has derived of late years from the influence of surgery, and from the co-operation of the surgeon with the physician, he goes on to say: "Turning to medicine, we find a progress equally important, though not so fully recognised, and to this two opposite tendencies have contributed; scepticism, which led to the temporary adoption of the expectant treatment, to the gradual and permanent abandonment of irrational prescriptions, and to the recognition of *vis medicatrix naturæ*; and to the

experimental method applied to therapeutics, now a science in itself, that of pharmacology.

*"Scepticism in Therapeutics.* For a blind belief in drugs and in systematic poly-pharmacy, we must look back for more than 100 years. Scepticism had existed from earliest antiquity, but it had never prevailed. Early in this century, however, there came a wave of scepticism stronger than any before. Strangely, homœopathy, while it shattered the old belief, made claims upon our credulity greater than any superstition. It failed to build up any lasting medicinal system, though it called attention to some unutilised drugs and modified our opinion of the action of some of the older ones; but the practical service which it did render was to direct our attention to the importance of studying the resources of nature, and of adapting diet to her requirements. Owing partly to this influence, but chiefly to the scientific search for strict evidence of the alleged action of drugs, expectant treatment became for a time the last word of the medical art. Drugs were discredited, and it was thought that the only safety lay in allowing nature free scope."

In this passage Dr. EWART, who has evidently failed to grasp the meaning of that which constitutes homœopathy, ascribes to it an influence upon the practice of medicine merely negative. Had nothing more resulted from the practice of homœopathy, as developed and carried out by HAHNEMANN, than the shattering "of the old belief," it would have been a great blessing both to the sick and to the physician; for the "old belief" had been fatal to many a hundred of the sick. When this "wave of scepticism" threatened to sweep HAHNEMANN within its power, after a few years (during which he entirely withdrew from practising medicine), he wrote to HUFELAND, describing his reflections during this time as follows:—

"In an eight years' practice, pursued with conscientious attention, I had learned the delusive nature of the ordinary methods of treatment, and from sad experience I knew right well how far the methods of SYDENHAM and FREDERICK HOFFMANN, of BOERHAAVE and GAUBIUS, of STOLL, QUARIN, CULLEN and DE HAEN were capable of curing.

"But perhaps it is in the very nature of this art, as great men have asserted, that it is incapable of attaining any greater certainty.



"Shameful blasphemous thought, I exclaimed. What! Shall it be said that the infinite wisdom of the Eternal Spirit that animates the universe could not produce remedies to allay the sufferings of the diseases it allows to arise? The all-loving paternal goodness of Him, whom no name worthily designates, who richly supplies all wants, even the scarcely conceivable ones of the insect in the dust, imperceptible by reason of its minuteness to the keenest mortal eye, and who dispenses throughout all creation life and happiness in rich abundance—shall it be said that He was capable of the tyranny of not permitting that man, made in His own image, should, even by the efforts of the penetrating mind, that has been breathed into him from above, find out the way to discover remedies in the stupendous kingdom of created things, which should be able to deliver his brethren of mankind from their sufferings often worse than death itself? Shall He, the Father of all, behold with indifference the martyrdom of His best beloved creatures by disease, and yet have rendered it impossible to the genius of man, to which all else is possible, to find any method, *any easy, sure, trustworthy* method whereby they may see diseases in the proper point of view, and whereby they may interrogate medicines as to their special uses, as to what they are *really, surely, and positively* serviceable for?

"Sooner than I would admit this blasphemous thought, I would have abjured all the medical systems in the world!

"No! There is a God, a good God, who is all goodness and wisdom! And as surely as this is the case must there be a way of His creation whereby diseases may be seen in the right point of view, and be cured with certainty, a way not hidden in endless abstractions and fantastic speculations!"

He thus, as the late Professor HENDERSON of Edinburgh said, "places in the foreground of the sketch he has given of his meditations on the possibility of raising medicine from its low position, such conceptions of the bounty of God, and such reliance on His wise beneficence as are striking no less for their lofty piety, than as the solitary instance in which a deep sense of the divine goodness proved to be the special incentive to arduous medical researches, and the starting point of a scientific voyage of discovery. Perhaps, we are entitled to regard it in still another light, as the compass by which he steered, and as, therefore, the cause of his success." It was, indeed, in the year 1853, "the solitary instance in which a deep sense of the divine goodness proved to be the special incentive to arduous medical researches."

But in 1869 the late Sir THOMAS WATSON, on retiring from the presidential chair of the Clinical Society, of which he was the first occupant, endeavoured to stimulate a desire for therapeutic enquiry among his audience, less elaborately, indeed, than did HAHNEMANN in his letter to HUFELAND, but none the less clearly when he appealed to the members of the Society in the following words:—

“I believe that those subtle essences which human research and ingenuity have succeeded in deriving from various substances in nature, and which, when applied to the human body, sometimes even in very minute quantities, have a potency so marvellous as to abolish pain, to compel sleep, to extinguish fevers, to stop for long, perhaps for ever, the recurrence of paroxysms of epilepsy which had continued to recur for years, were implanted in those substances by the Creator, among other uses, it may be, for these very services to mankind; and that there lie concealed in other substances, and especially in the vegetable kingdom, many analogous healing powers, which it is a part of man's mission and privilege, and will be his great reward, to search after and to discover.”

HAHNEMANN's reflections bore fruit; that fruit was homœopathy. The method he pursued in obtaining it was precisely that which Sir THOMAS WATSON proposed to the Clinical Society in his opening address at the first meeting on the 10th of January, 1868, when, after saying that “the influence of drugs upon the bodily conditions of health is, indeed, most real and most precious to us, and some of them, in our contests with disease, we have learned to wield with much confidence and success,” and after referring to narcotics and anæsthetics, quinine, iodide of potassium, and “the rough yet sanative effects of emetic and purgative drugs, notorious to all,” he goes on to say “but there is a host of other known or reputed substances—to say nothing of a further host, no doubt, hitherto unthought of and unessayed—about which our knowledge is very loose, imperfect, or even misleading concerning the peculiar virtue and specific agency of each and all of these, present and to come, we want sound and multiplied experience. There is no other way. The required knowledge must needs be gathered empirically and by many hands.”

He then proceeds to point out the kind of experience required to obtain a knowledge of “the peculiar virtue and specific agency” of the host of known or reputed substances

"about which our practical knowledge is very loose, imperfect, or even misleading." In doing so he describes it as "Full and faithful descriptions brought before the Society by competent and accurate observers of the symptoms, circumstances, and progress of disease in the living body, and of its behaviour under treatment by medicines prescribed with singleness and simplicity, and a definite aim or object, or sometimes, it may be, of its behaviour under no treatment at all. Authentic reports with trials of medicinal substances on the healthy human body, contributions of this order multiplied in number, compared together, contrasted, sifted and discussed by a variety of keen and instructed minds, of minds sceptical in the best and true sense of that word, must lead at length tardily but surely to a better ascertainment of the rules—peradventure to the discovery even of the laws—by which our practice should be guided, and so bring up the therapeutic and crowning department of medicine to a nearer level with those other parts which are strictly ministerial and subservient to this."

Sir THOMAS WATSON's words fell upon barren ground, for they resulted in no such progress as he looked forward to; unless, indeed, they suggested the researches of Dr. SIDNEY RINGER and Dr. MURRELL into the action and uses of gelsemium and jaborandi.

The plan sketched out by Sir THOMAS WATSON on this occasion was similar in all respects to that pursued by HAHNEMANN during the final decade of the last century.

Thoroughly disappointed, as we have seen, with the practice of medicine as pursued by the most eminent physicians of his day, he ceased to treat disease at all. Then, as we have also shown, feeling deeply that the Creator of all things must have provided "a way whereby diseases may be seen in the right point of view, and be cured with certainty by a way not hidden in endless abstractions and fantastic speculations," he, while abandoning practice with drugs of unknown action upon the body (the only weapons at his disposal), resolved upon such an enquiry as that Sir THOMAS WATSON, 70 years later, commended to his medical brethren at the Clinical Society. He resolved to wait, but he did so knowing well how to wait.

The value of drugs as used in the treatment of diseases was discredited by HAHNEMANN, just as it was by Sir THOMAS WATSON, but equally with him he had "great faith in their real force," and, because he had

this he, like Sir THOMAS, was "anxious to have the effects of remedies carefully ascertained and certified." To this end he devoted himself, while waiting until fresh light should enable him to resume the practice of his profession with some advantage to the sick, and in the year 1796 he published, in HUFELAND'S *Journal der Praktischen Arzneikunde*, the practical result of his researches during the preceding six years in an essay on *A New Principle for Ascertaining the Curative Powers of Drugs, with a few glances at those hitherto employed*. By experiments with drugs upon himself and his friends, he succeeded in ascertaining the effect upon the healthy human body produced by the ingestion of a number of drugs. Having obtained such knowledge, the question of how to make use of it presented itself. A careful study of the clinical observations of past ages demonstrated to him that, wherever a drug had obtained a reputation as having a directly curative power over a given form of disease, it was also one known to have caused a similar condition in healthy persons. These illustrations were published by him at different periods during the ensuing fifteen years.

Then, again, Dr. DYCE BROWN, in an appendix to an essay, entitled *Homœopathy: Its Nature and Relative Value*, published in 1869, gave a similar collection, culled from the works of TROUSSEAU and PIDOUX, PEREIRA, WOOD, WARING, CHRISTISON, TAYLOR, and GRAVES. Dr. BROWN'S illustrations are derived from 40 drugs; HAHNEMANN'S from 43. Dr. BROWN refers to 13 of the latter, so that we have in all 70 substances, which have been noticed as having cured conditions more or less similar to such as they have been observed to produce.

Surely if the observations of natural phenomena can be utilised by comparison and analysis for the formulation of an expression of mutual relation, those recorded of 70 drugs may be safely employed to ascertain that which subsists between the disease-exciting and disease-curing powers of a drug in general. Throughout the entire series of observations there runs one fact common to all—one phenomenon characteristic of all, viz., that the drug which had been observed to cure a given disease, had, in every instance, been observed to produce a similar morbid condition in a healthy person.

Having thus given the earliest instance of pharmacological research, he in addition furnished the only existing clue by which this method of studying drug action could be utilised. He spanned the deep and wide gulf which, we have been told, "separates the pharmacologist, labouring to elucidate the mysteries of the subtle action of drugs upon the intricate and complicated human organism, and the therapist struggling to apply these results in the treatment of disease."

These two points—the study of the action of drugs upon the healthy human body and their selection as remedies by the similarity of their effects to those it is proposed to cure—constitute homœopathy.

Homœopathy, Dr. EWART says, "made claims upon our credulity greater than any superstition." Where is the "superstition" in learning the positive effects of drugs? Where is the "credulity" in choosing them as remedies because of the similarity of their effects to those of disease? It "shattered the old belief," writes Dr. EWART, and truly the success with which it was put into practice did so, and, in doing so, shattered much credulity and many a superstition; for, as the late Dr. BRISTOWE said in 1881, when referring to HAHNE-MANN:—

"He saw through the prevalent therapeutic absurdities and impostures of the day; he laughed to scorn the complicated and loathsome no-trumps which even at that time disgraced the pharmacopœias; and he exposed, with no little skill and success, the emptiness and worthlessness of most of the therapeutical systems which then and theretofore had prevailed in the medical schools."

But, continued Dr. EWART: "It failed to build up any lasting medical system." In this he is mistaken.

Homœopathy is a system upon which some thousands of medical practitioners throughout Europe and America base their prescriptions every day of the year.

He admits that it "called attention to some unutilised drugs, and modified our opinion of the action of some of the older ones." There is no doubt of the complete accuracy of this assertion. The works on *Materia Medica* of Dr. LAUDER BRUNTON, Dr. SIDNEY RINGER, Dr. BARTHOLOW, Dr. CHARLES PHILLIPS and others, give abundant evidence of its accuracy. Writing in *The Practitioner*

regarding Dr. SIDNEY RINGER's *Handbook of Therapeutics*, the late Dr. ANSTIE said that it had two very marked peculiarities: first, that much smaller doses were recommended than those given in the *Pharmacopœia*, and secondly, that many medicines were recommended to be used for diseased conditions, similar to those produced by the medicines themselves when given in large doses to the healthy subject. This, to any one knowing anything of the subject, is a remarkably good definition of homœopathy. Medical men generally were too utterly uninformed as to what constitutes homœopathy to suspect a University Professor of *Materia Medica* of teaching it, but to prevent any chance of the character of the instruction the book contained being recognised as homœopathic, Dr. RINGER avoided naming homœopathy, refrained from giving any explanation of his therapeutic facts, and abstained from quoting any writers on whose authority he gave his information. It was to be assumed that the contents of the book, which appeared strange to the average medical reader, were purely original matter. So, too, with Dr. CHARLES PHILLIPS' *Materia Medica and Therapeutics, Vegetable Kingdom*, he not only introduced and re-recommended all that Dr. RINGER had presented to the profession in his book, but went a step further and described as medicines, substances the very names of which had rarely been heard of by any save homœopaths! One would have thought that from his previously known career and experience in Manchester, he could hardly have escaped the necessity of acknowledging the homœopathic sources of his information, and thus rendering a tribute, however feeble, to the truth of the law of similars. But no. No allusion is made to homœopathy, or to its illustrious founder, save once, and then only with a judicious sneer! All these novel pieces of practice, and all the curative effects of *pulsatilla*, *bryonia*, *actea*, &c., are, we are told in the preface, the result of the author's own observation! *The Lancet*, *The British Medical Journal*, and *The* (now defunct) *Medical Times and Gazette*, reviewed the book, each at some length and in terms of the highest praise. Here, then, was a book which, but for homœopathy, never could have been written, and the praise it meets with from the most rabid haters of homœopathy is unstinted! Did they know what they were praising? If not, *The British*

and *Foreign Medico-Chirurgical Review* (October, 1875) very shortly enlightened them. Premising that "the book contains much that is new, and has been highly commended," and that "the author's teachings have been accepted with something approaching admiration by the body of the profession," the reviewer states that "the majority of those who have commended the work have hardly been in a position to do so from a thorough knowledge of the subject." Then, describing the contents, he writes, "the newer matter, indeed, is almost wholly taken from two sources—the later German researches and homœopathic literature!" After noticing the former, he goes on to say:—

"As to the rest of this new matter, it is neither more nor less than pure homœopathy . . . and this we are prepared to show! The source of this knowledge is not far to seek. Dr. PHILLIPS was long known as a prominent homœopathic practitioner, but by degrees he became more and more separated from the homœopaths, until at last he was formally reconciled to old physic by being admitted a member of the Clinical Society. Such being the case there are good grounds for animadversion on the part of the homœopaths, who most justly say, here is a man preaching pure homœopathy, and yet his teachings are accepted with something like admiration by the body of the profession. We confess we here hold with the complainants, for this is certain, either Dr. PHILLIPS' teaching must be rejected, or homœopathy and old physic become one and the same; the only distinction left is that of the dose, in which again the two opposing bodies are rapidly converging."

Yes, truly, those who have investigated homœopathy and practised homœopathically have indeed "called attention to some unutilised drugs." How have they been able to do so? Simply through studying the evidence of the action of drugs upon the healthy human body, and applying the results of their experiments to the treatment of disease by the light of the law or principle *Similia Similibus Curentur*. By no other means could they have done so. The "unguided experiment," on which Sir WILLIAM GOWERS places so much reliance as a source of therapeutic light, did not do so and could not have done so, in so many instances.

Why then, we would ask, in conclusion, do not men interested in the bringing up "the therapeutic and crowning department of medicine to a nearer level with those other parts which are strictly ministerial and subservient to this," seeing how the number of "unutilised drugs" brought into use through homœopathy is being constantly added to, and also the ever increasing number of those in which the opinion of the profession "on the action of the older ones"—such as cantharides and ipecacuanha—has, through homœopathy, become modified—why do they not turn to and enquire into homœopathy as a source of light and leading in therapeutics? Seeing, further, that it has proved so considerable a source of therapeutic light in the years that are passed, is it not reasonable to expect that it might be a still greater source of illumination in the future? Our means for enquiring into the action of drugs, our opportunity for experimenting, infinitely surpass, at the present time, any that HAHNEMANN had at his command a century ago, and consequently the work done in the direction of drug-action-investigation ought to be made much fuller, more complete and more accurate than he had it in his power to do. So far the great body of the profession have derived all the advantages from homœopathy that they have done at second-hand, and in entire ignorance of how those advantages were obtained.

We would then urge upon the leaders in therapeutic enquiry, the hospital physicians who put the results of these enquiries to the clinical test, to turn their thoughts and therapeutic investigations in the direction of homœopathy, to cease to be satisfied with practising and teaching homœopathy empirically, but to do so scientifically and upon the strength of their own observations.

## SOME CASES OF RECURRENT APPENDICITIS.

By C. KNOX SHAW.

Surgeon to the London Homœopathic Hospital, &c.

IN the *Monthly Homœopathic Review* for January, 1898, I published a series of seven cases of appendicitis submitted to operation, without a death; and in the February issue, in conjunction with Dr. Byres Moir, I recorded a most interesting case of a rapidly fatal appendicitis, upon which no operation was performed.



During the past year I have had an opportunity of seeing other cases, and have operated on five of them, with a successful result. As there is always something to be learned from the observation of these cases, and as the power of an operation to arrest the progress of a serious and disabling illness is not yet fully recognised, I venture to record this further series of five cases. In three others I advised an operation, in two of which it was subsequently performed, but by other surgeons.

At the suggestion of Dr. Burwood, Dr. H. consulted me at the close of 1897. He had for a long time past been liable to attacks of colic, centred about the umbilicus, but it was only eighteen months previously that the pain first became localised in the right iliac fossa. Seven months before I saw him, whilst a hospital resident, he had an attack sufficiently severe to keep him in bed a week, this attack being accompanied by a swelling in the right iliac region, retching, pain, and constipation. An opinion was then given against an operation. In June, 1897, he had a similar attack; in August another; and at the end of October another, which was accompanied by very severe pain. He then consulted several medical men, and met with varied advice. When I examined him there was little to be made out locally, beyond tenderness at McBurney's point, and rigidity of the rectus muscle. I, however, advised operation, and it was successfully undertaken in Edinburgh.

It is this absence of local symptoms at the examination, or consultation, that makes men frequently hesitate to advise operation, when the clinical history so strongly points to one. It is mainly during an acute attack, with serous or sero-fibrinous exudation, or when the case goes on to suppuration, that the swelling is obvious. Should operative interference be needed at this stage of the disease, it is undertaken during a time of active inflammation, and is attended with greater difficulty, and risk, than when performed during the quiescent period. Very rarely do we find a local tumour in recurrent cases, when they are examined between the attacks. The appendix can sometimes be made out, but I would lay no stress on the necessity of demonstrating by palpation a thickened appendix through the abdominal wall. One may occasionally

succeed in doing this, but I should say that what was thought before the operation to be a distended appendix, more often than not proves to have been nothing of the kind. The appendix is so frequently found lying behind the cæcum, or ileum, or hanging down in the pelvis, that it would require a *tactus eruditus* indeed to distinguish it with any certainty! I think this point is important, because I have known men labour to find in the local condition a reason for operation (I am referring now solely to recurrent cases examined during the quiescent period), whereas it exists in the history of the case as given by the patient, and more than all in the carefully recorded observations of the attending physician. The consultant must carefully weigh the evidence submitted to him, and judge from the statements made whether the symptoms described warrant a diagnosis of previous appendicitis. Local examination is useful by excluding other diseases, and in women, when a differential diagnosis has to be made between appendicitis and ovarian or tubal disease, pelvic examination is a necessity.

I would consider the following to be weighty reasons for advising an operation in recurrent cases:—

1. Repeated severe attacks.
2. Moderate attacks increasing both in frequency and severity.
3. Mild attacks of sufficient frequency to keep the patient periodically away from his work, or to render him somewhat of an invalid.

The intervals between the attacks may at first be of some duration, but become more frequent later on. For instance in March last, I saw with Dr. Washington Epps and Dr. Pridie, a man, aged 29, who, in 1890, at the age of 21, had a severe attack of localised right-sided peritonitis from which he completely recovered, after being confined to his bed for a month. In 1894 he had a sharp attack of pain about the umbilicus. In October, 1897, he had an attack of pain, and swelling, in the right iliac fossa, and during February and March, 1898, two more. Operation was advised and subsequently performed in Glasgow.

The following is an example of a class of cases, not infrequently met with, where the attacks are mild, but yet keep the patient much of an invalid. It also

illustrates the vagueness of the early symptoms: in many cases of the mild type the symptoms, though undoubtedly of appendicular origin, are ascribed to colic, congestion of the liver, or biliousness. *Prima facie* these cases should be amenable to medicinal treatment, and so they are if the case is simply a catarrh of the cæcum and appendix, but in all probability there is some stenosis of the lumen of the appendix, and some adhesions about the cæcum consequent upon the appendicitis, which keep up the irritation and the tenderness in the right iliac fossa. In November last I saw, with Dr. Vincent Green, a man, aged 47, who had been all his life subject to bilious attacks and colic. For many years too he had been liable to attacks of right iliac pain, with furred tongue, and sometimes vomiting, the attacks causing him to give up work for a few days. They occurred at the very least three times a year. Two years ago Dr. Green saw him in an attack, when there was definite dulness on percussion over the right iliac fossa. The patient complains that he is nearly always tender in that region. He has been most careful in his diet, and abstemious in his drink, and has had prolonged medicinal treatment under Dr. Green's direction, yet he still gets these attacks. There was most definite tenderness on the right side of the abdomen, in the middle of a line between the umbilicus and the anterior superior iliac spine; and an indefinite thickening deep in the pelvis, rolling under the finger. The patient was advised to submit to operation, but at present the correctness of the diagnosis has not been put to a practical test.

#### CASE VIII.\*

*Recurrent appendicitis: Operation during quiescent period after third attack: Recovery.*

On December 5th, 1897, in consultation with Dr. Byres Moir, I saw P. B., æt. 17, who had always been a delicate lad, with poor physique, and frequent "indigestion." The preceding October he was seized with sudden and violent pain in the right iliac region, accompanied with a rise of temperature, and constipation. He was confined to his bed five days. On the afternoon of December 3rd he was again seized with pain in the same

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\* Cases I.—VII., *Monthly Homœopathic Review*, vol. xlii., p. 26.

region, vomiting and constipation. He was put to bed, and at night, owing to the severity of the pain, a subcutaneous injection of morphia was given. His temperature rose to nearly  $101^{\circ}$ . When seen the acute symptoms were subsiding. In this, as in the last attack, no swelling was to be made out in the right iliac fossa, but there was great tenderness. He was taking belladonna, and mercurius cor. The diagnosis was clear, and as the symptoms were not urgent immediate operation was not considered necessary. It was decided that as soon as he was better his digestion should be attended to, and his physique improved by carefully graduated exercises. In March he was abroad, and had another attack, which decided us to operate. This was done on April 3rd. The appendix was found to be very long and swollen, and sharply curved upon itself, the meso-appendix being very short. There were scarcely any adhesions. On section the mucosa was seen to be much thickened. The wound was dressed on the eighth day, and found aseptically healed. The patient made an excellent recovery, without any rise of temperature.

The appendix was treated in this case as in others. After the adhesions have been divided, the appendix is lightly ligatured, close to the cæcum, the peritoneal coat is then divided circularly about half an inch from the ligature, and retracted, the muscular and mucous coat is then amputated as close as possible to the ligature, and any remaining portion scraped away. The peritoneal flap is then closed by a continuous suture, and the whole invaginated into the cæcum, and buried by three or four Lembert's sutures.

This patient was desirous of entering the army, but these attacks of course quite precluded such a proceeding. Since the operation he has been quite well, and has been medically examined, and has been told that there is no bar in his present physical condition to a military career.

#### CASE IX.

*Recurrent appendicitis : Operation during quiescent period following fourth attack : Recovery.\**

Annie P., a married woman, aged 35, was sent into the London Homoeopathic Hospital on July 16th, 1898, by Dr. Murray. She had enjoyed excellent health till

\*From notes made by Dr. Frank Moss, House Surgeon.

January, 1889, when she had what she called a chill, accompanied by fever, retching, and severe pain, tenderness and swelling in the right iliac fossa. She recovered after a fortnight's illness, under belladonna, bryonia, and mercurius cor. She had a second similar attack in April, lasting two weeks. Her third attack, at the beginning of June, was more severe, her temperature rose to 102°, her pulse to 120. There was a large distinct swelling in the right iliac fossa. She had just recovered from this attack when a fourth supervened. When admitted there were no acute symptoms, but there still remained tenderness on deep pressure over the site of the appendix, the right rectus being somewhat tense. A small tender swelling could be made out just at the brim of the pelvis. She was operated upon on July 19th. On opening the peritoneum there were signs of recent peritonitis, with soft vascular adhesions. The cæcum was bound down to the brim of the pelvis, and covered the appendix, which was buried in a vascular mass of adhesions. The appendix was dissected out, and treated in the usual manner. Her temperature never rose above 99°. At the first dressing, July 27th, the wound was found aseptically healed. During her convalescence she was prescribed belladonna, mercurius cor., bryonia, and colocynth.

#### CASE X.

*Recurrent appendicitis : Operation during the quiescent period : Recovery.\**

Elizabeth W., a single woman, aged 38, was sent into the hospital by Dr. Stonham, September 16th, 1898. She had always been subject to bilious attacks, which she treated by blue pill, black draught, and rhubarb. Nine months before admission she suddenly vomited, and became unconscious; this was followed by severe pain in the right iliac region, for which she was laid up a month. Four months later she had a similar attack, but without the loss of consciousness, keeping her bed for a week. During this attack she, on one occasion, passed some bright blood in her stool. She then placed herself under Dr. Stonham's care, who treated her for a time medicinally, and dieted her. Two months before admission she had a severe

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\*From notes made by Dr. Frank Moss, House Surgeon.

attack of appendicitis, with rise of temperature, painful swelling in the right iliac fossa, and constipation. I saw her, in consultation with Dr. Stonham, during this attack, which was undoubtedly of appendicular origin. As the patient showed no untoward symptoms, and there was no evidence of pus being present, operation was deferred till the quiescent period. The temperature remained up for some time, and it was several weeks before she was convalescent. The only special point observed in the hospital was, that on palpating the abdomen a grating sensation, perceptible alike to the patient and examiner, could be elicited on deep pressure over the right iliac fossa. At the operation, on September 27th, the appendix was found passing downwards and backwards into the pelvis, buried in firm adhesions; the cæcum and ileum were united by adhesions. The meso-appendix was thickened and vascular, and required ligaturing in three places. The appendix was freed with some difficulty, this part of the operation causing free hæmorrhage. The stump was treated in the usual manner. On opening the appendix all its coats were found to be much thickened, the lumen was narrow as far as the distal third, where a complete stenosis existed; beyond that it was dilated, and contained mucus and a hard faecal concretion. At the first dressing, on October 5th, the wound was found aseptically healed; the patient made a rapid recovery, without a bad symptom, and left the hospital on October 15th.

#### CASE XI.

##### *Recurrent appendicitis: Operation during quiescent period: Recovery.\**

Dr. Goldsbrough sent Percy K., aged 26, into the hospital on October 8th, 1898. During his early life, up to the age of 13, he had been subject to attacks of colic; they were considered to be due to flatulence, but the pain was mainly on the right side of the abdomen. From 1885 to 1895 he enjoyed good health, and appears to have lost his colic. In 1895 he had an attack of more or less general abdominal pain, which lasted two weeks and left him, on recovery, very tender in his right iliac region. He had no vomiting, constipation, or diarrhœa.

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\* From notes taken by Dr. Frank Moss, House Surgeon.

Six months later he had another similar attack ; three months later a third. This interval of three months, and this character of the attacks, on the average, was kept up until six or eight months ago, when they became more frequent, more severe, and were now definitely localised in the right iliac region. The attack now commenced with vomiting, he became constipated ; it lasted a week, and left him with tenderness and soreness in the right iliac region ; this was increased by walking, or on stretching his right leg. This seemed to indicate that the appendix had contracted some adhesions to the psoas muscle. His last attack was a week before admission.

He was operated on, on October 12th. The appendix was found largely thickened, passing directly downwards into the pelvis across the psoas muscle, and the external iliac vessels, to both of which it was firmly adherent. The enucleation of the appendix was most difficult and tedious, and accompanied by free hæmorrhage ; this part of the operation had to be done entirely by touch as the distal extremity of the appendix was quite out of sight. When the enucleation was accomplished it was found that the appendix had perforated at the tip, and and that in removing it some of its contents had escaped. A small fæcal concretion was subsequently removed from the pelvis. After the site of the operation had been carefully cleansed the wound was closed. During the first week the patient suffered some pain, for which belladonna, and mercurius cor., and later bryonia, and colocynth, were prescribed. The temperature kept low and the pulse quiet. At the first dressing, on the eighth day, there was one small stitch abscess. Two days later the temperature suddenly rose to 101°, and a small abscess discharged from the lower end of the wound. On two subsequent occasions a sudden rise of temperature indicated some retained pus, but the cavity soon closed, and the wound was healed, except for a very small sinus, at the time of his discharge, November 5th, three weeks after the operation. The septic condition was undoubtedly caused by the fouling of the seat of operation by the escape of the contents of the appendix. This was the most difficult operation of this kind I have undertaken, and the only one which was followed by suppuration.

## CASE XII.

*Recurrent appendicitis: Operation after numerous attacks: Recovery.*

On November 24th Dr. Dyce Brown referred Miss F. C., aged 21, to me. Since a baby, she said that she had been liable to indigestion and stomach-ache. In 1894 Dr. Dyce Brown attended her for a definite attack of perityphlitis. Six months later she had a milder attack, then they occurred every three months, and more lately every month. The attack comes on with nausea, and pain at the epigastrium, which spreads down to the right side of the abdomen, which becomes very tender. The pain is recurrent, and of a colicky nature. The bowels, which are usually confined, are then relaxed. She has to keep to her bed, and her room for two or three days, and for four or five days afterwards her side is very sensitive. The attacks occur now so frequently that she is afraid to travel, or go on a visit. Palpation revealed a distinct induration in the right iliac fossa. Operation was undertaken on November 28th. A largely distended, cystic, appendix was found lying on the surface of the cæcum, to which it was intimately adherent, and from which it had to be carefully dissected. The appendix was hammer-shaped, being bent at right angles at its middle, the distal extremity being as large as a good-sized walnut. It was tense, and fluctuated, and on its surface were two cystic protrusions, about the size of a pea, with thin walls. The lumen was narrow, and stenosed half-way down, the dilated extremity contained at least a drachm of clear mucoid fluid. There was no rise of temperature, or increase of pulse rate, after the operation, the wound being aseptically healed at the end of the first week.

## CARBOLIC ACID IN PNEUMONIA.

By P. PROCTOR, L.R.C.P. Edin.

THIS agent, which occupies so prominent a place in modern medicine and surgery, has been so exclusively regarded in its antiseptic character, that its biodynamic action, to coin a useful word, has been almost entirely lost sight of by both homœopath and allopath, and it



certainly has not received at our hands the attention that it deserves as a protoplasm poison, and therefore under suitable dosage a medicine of power. With the exception of two or three minor cases reported by Dr. Hughes there is little or no reference to it in our literature. This may possibly be owing to the fact that our knowledge of its physiological action is limited to the effects either of overpoweringly poisonous quantities or of provings with attenuations, medium doses not having been tested. Yet a protoplasm poison of such activity must possess properties that are available for homœopathic uses if we only knew its specific character as a disturber of the vital functions in a moderate degree corresponding to the forms of disease commonly met with.

In reading over the carbolic acid chapter in the *Cyclopædia of Drug Pathogenesis*, wherein we get what is known both of symptoms and morbid anatomy, one cannot fail to be struck with the uniformity and the intensity of the action of this agent on the lungs in all fatal cases. Engorgement with dark, blackish, venous-looking blood, with subsequent bronchial irritation when sufficient time has been allowed during life, is the invariable condition. This state prevails generally, involving heart, lungs, liver and kidneys in one destructive operation. Fatty degeneration and hæmorrhages are also to be found.

The entire process singularly resembles the effects of phosphorus, and in one case, No. 7, recorded in the *Cyclopædia*, the parallel to phosphoric poisoning in microscopic appearances is pointed out by the reporter. Blood decomposition, hæmorrhages, engorgement of abdominal and thoracic viscera, and fatty cell-degeneration show a pretty close correspondence between these two active substances. Differences between them will appear on closer examination. The inflammatory action does not rise so high with carbol. acid, and there is more venous stasis than with phosphorus, which latter presents us with *post-mortem* appearances—where the blood is dark red and the stainings and hæmorrhages partake of this more oxygenized character. Taking the *post-mortem* appearances altogether, and the symptoms during life, a very vivid impression is left on the mind that carbolic acid is to phosphorus what venous is to arterial blood, and the tissue irritations bear a corresponding relationship, the same sphere of activity being

to a great extent common to both drugs. Having this impression imprinted on my mind, I waited for a suitable case in which to put the analogy to practical use.

An opportunity presented itself in the spring of last year, in the case of a lady of 68. She was of decidedly bilious temperament, and had been treated for enlargement of liver the year previously. She was pale and thin, and mentally depressed by reason of family troubles, and in no condition to meet the strain of a severe illness. Her attack began with an affection of the colon, which was treated with enemata and medicine under an allopathic practitioner. The case dragged on, and consulting physicians were called in, but the patient got gradually worse, and at the end of some four or five weeks her state became so critical that I was called in to try what a change of treatment could do. I found the heart failing and a feeble, intermittent pulse, a state of utter prostration and a serious derangement of digestive organs and liver. The condition of the circulation called for immediate attention, and under digit. and strophanthus the heart gradually resumed strength and regularity. Then the abdominal organs received attention, and with the help mainly of *nux vom.*, a normal state of things was brought about; but as this part of the case does not bear upon the subject of this article, no more need be said than that our efforts seemed to be rewarded with success, and the patient to be on a straight course to recovery.

This, however, was not to be her good fortune, for in about a fortnight a low form of pneumonia gradually set in, beginning at the right base and involving the lower half of the lung. There was no great rise of temperature, but the weak heart showed signs of distress again. The expectoration showed a tendency to prune juice colouration, and in a few days became hæmorrhagic, dark coloured and copious. To meet this new development the usual medicines were resorted to, but, to my surprise, without making any decided impression. *Arsen.*, *phosph.*, *iodine*, *laches.*, *ant. tart.*, *sang.*, were employed in varying dilutions in the above order, but the symptoms showed no abatement, and at last we were face to face with another critical state of the case. Being called out late one evening after a rather larger hæmorrhagic expectoration than hitherto, I felt that

something else was called for, and in thinking over what that something might possibly be, the picture of carbolic acid in the *Cyclopædia* came to mind. Forthwith the acid carbol. liq. B.P. was procured, and one drop administered in water every three hours.

It should be mentioned that during the treatment with the acid, no other medicine on any account whatever was given, so that the effect may be regarded as due entirely to the single medicine. In the course of 24 hours some improvement was manifest, in 48 hours it was decided, and in three days the blood had disappeared entirely. Concurrently the temperature went down, rusty sputum again made its appearance, and the consolidation began to yield. The carbolic acid was continued every four and then every six hours in the same dose of the pure acid. Finally it was given for some days in the first decimal until all necessity for it seemed to have passed away. The attendants thought the hæmorrhagic expectoration had been merely suppressed, but it was effectually cured and the lung cleared up completely.

The patient got well and was able to leave home for a change when the hot weather came, and at the present is in the enjoyment of her usual health.

It should be mentioned that the carbolic acid agreed extremely well with the patient, no untoward symptoms appearing, and the appetite improved under it.

One word I would add in conclusion, to suggest that the pneumonic complications of typhoid present just such a group of symptoms as seem likely to correspond to this remedy, and it is probable that typhoid as a whole may come to be regarded as within the sphere of this acid on homœopathic lines, for many points of resemblance strike one on turning over the before-mentioned article in the *Cyclopædia*. The undoubted value of the drug in allopathic hands lends probability to the suggestion that it acts in that disease as a dynamic agent and not merely as a germicide. If it should possess this medicinal virtue in addition to its germicidal property it would become, not less, but doubly acceptable to us.

## SPASMODIC CROUP.

(Illustrated by ten cases.)

By J. ROBERSON DAY, M.D. Lond.

Physician for Diseases of Children, London Homœopathic Hospital.

THIS is an extremely common affection of childhood in our climate, where the vicissitudes of weather are so great. Fortunately it is one of those diseases where treatment is of signal service, and by this I mean homœopathic treatment, for the old school practice chiefly consists in emetic doses of ipecacuanha wine during the attacks, leaving the root of the disease untouched.

It occurs in children of all ages from birth to fifteen years, but most frequently between two and four.

Taking cold is the commonest cause, and hence changes in weather produce it. There are certain children who are peculiarly liable to it, and whenever they get a cough it assumes the croupy character. The parents are usually much alarmed, and speak of it as "croup," but it must be carefully distinguished from true croup (diphtheria) and laryngismus stridulus, which is confined to children under two years of age, and the attacks come on by day as well as by night, and are often associated with convulsions and carpo-pedal contractions.

The children who suffer are of a neurotic type or have a depraved constitution from some cause or other. The course of the disease is as follows: The child, who is predisposed, takes a cold, and a catarrh of the mucous membrane of the larynx results: this is quite sufficient to set up the characteristic croupy cough, which, however, in the day time gives no further trouble. The child is put to bed as usual, but some time in the early part of the night wakes up with the cough, sits up in bed, and if the attack is severe will "fight for breath," in fact a spasm of the glottis takes place, in severe cases causing the face to become dusky from the deficient aeration.

The parents describe the cough as croupy, "barking like a dog," or "like a fowl." The attack over, the child again falls asleep, only to be waked up again sooner or later by a repetition of the same thing.

This may go on night after night if the attack is severe, but during the day the child experiences no difficulty in getting its breath.

On examining the child we commonly find evidences of catarrh of the fauces with nasal discharge and enlarged tonsils.

When a child with such a train of symptoms is brought you can infallibly predict a speedy cure, and this often after there has been a long period of unsuccessful domestic and allopathic treatment.

The medicines should be selected according to the symptoms of the particular case, but there are *three* which stand out conspicuously for their great value; they are aconite, spongia and hepar. Armed with these, nine cases out of ten can be cured.

In this disease I find *alternation* of remedies of great use. If there is feverishness, which often comes on at night only, aconite 3x with spongia 3x at frequent intervals alternately, 10 to 15 minutes apart, or at longer intervals as the attack passes off. If the case is a-pyretic and more chronic, spongia 3x alternated with hepar. 3x. In 24 hours the attacks are lessened, and in a few nights they disappear.

Adjuvant measures are most important, and consist in keeping the child in a warm but well-ventilated room, in which the air is moistened by the steam from a kettle medicated with pinol, or some terebinthinate essence.

During the attack hot fomentations should be applied to the neck, and to cut short the spasm the forehead may be sponged with cold water.

Sea-salt water should be used each morning to sponge the back and limbs—at first tepid and then at a temperature of 60°. When the weather is fair and dry, the patient should be sent out, well wrapped up, in the fresh air. The use of cod-liver oil and a carefully regulated diet should also be prescribed.

The following cases, taken from my case books, exhibit the chief and usual characteristics of this disease.

#### CASE I.

Daphne P. D., aged 4, when out in the evening five days ago, took cold, and last night (December 13th) was attacked with spasmodic cough, croupy, and in one attack she turned blue. On December 14th, I found her

with a normal temperature, but her voice sounded metallic and cough loud and brassy. There were no other physical signs. Her mother had given a hot bath and put her in bed in a blanket. I prescribed *acon.* 1x, and *spongia* 3x, ii pilules, alternate  $\frac{1}{2}$  hours, for five doses, and locally hot fomentations to the throat. After this she slept well, and had no return of the croupy cough. December 16th, cough continued troublesome, but lost all its croupy character.

This patient inherited a highly neurotic temperament from the father, and suffered also from enlarged tonsils.

#### CASE II.

John B., aged 2 $\frac{1}{2}$ , has been under my care since 18 months old, when he came to me in a very emaciated condition, unable to hold his head up, or even to sit up. On December 3rd he was attacked with spasmodic croup, and I ordered *spongia* 3x, and *hepar s.* 3, alternate hours; on December 7th (the notes state) there had been no more crowing cough.

#### CASE III.

Molly S., aged 7, was brought to me on October 11th. She was a very nervous child, sleeping badly and talking in her sleep. Two days previously took cold, and at 3 a.m. woke with crowing breathing, and a second attack came on at 5 a.m. Both her tonsils were enlarged, and her voice husky and the anterior nares excoriated. Ordered *spong.* 3x and *hepar* 3x alternately, and sea-water sponging.

On October 14th I saw her again, when she was decidedly better and the tonsils smaller. She had only once since had a cough.

The above three cases are from my private practice, and the following seven from my hospital clinic, showing that this is a disease which attacks the rich and the poor indiscriminately.

#### CASE IV.

Stanley L., aged 6, the third in family. Comes of a neurotic family, his eldest brother, aged thirteen, the victim of onanism; his younger brother has also spasmodic croup.

Past personal history:—He was breast-fed, and his teething uneventful. Suffered from measles, whooping

cough and chicken pox. Last Christmas, 1897, he had "croup," and has had a cough ever since. Has been under allopathic treatment for one year, without relief. The attacks came on in the night. His mother has to run up to him soon after getting him to bed, to find him in a spasm and "turning colour." He may have these spasmodic coughs, when he makes a noise "more like a chicken," every night for three nights, or will miss one night. His mother can never go out at night and leave him with safety.

On November 7th I prescribed hepar and spongia alternate 2 hrs. On November 21st he was very much better. On December 5th he had had no attack for two weeks, and there was much less of the "fidgetting" cough.

#### CASE V.

Victor L., aged 4, younger brother of the preceding. Had been only partially breast-fed. His teething was normal, and he had suffered from measles and chicken pox.

On November 7th he came, a healthy-looking but nervous boy, with a long adherent prepuce with smegma, and a history of night attacks similar to those of his brother but of lesser intensity. I gave the same medicines and these were continued, and on December 5th the notes state, no night attacks now.

#### CASE VI.

Emily P., age 2, kindly sent to me by Dr. Vincent Green, on Oct. 20th, 1898. She was the firstborn and had been bottle-fed with Nestlé's milk and baked flour. She had only 12 teeth.

History of present illness:—She had never been well since birth, "something wrong with the throat."

Present state:—The anterior fontanelle takes the finger tip; the chest is rickety with everted costal border. At night she has attacks of difficult breathing, clenches her teeth, turns black in the face, until hot sponges are applied to the throat. The child has been under several doctors before, who gave no relief. Early in the night her mother would have to run to her when in an attack, to find her blue about the lips and looking as if she would not live. The tonsils were enlarged, the heart and lungs normal. I prescribed hepar 3x gr. i, spongia

3x pil. i, alternate 2 hrs., and sea baths. On October 27th there had been only one attack since. Continued same treatment, and added meat juice to the diet. On November 10th there were no further attacks, and she was much better. Changed medicine to calcarea c. 6 gr. ii ter die. On December 5th had cut three more teeth and improved in every way; as the mother says, "quite a different child."

#### CASE VII.

William S., aged 2, the fourth child of healthy parents. Bottle-fed and teething late. Has suffered from bronchitis, broncho-pneumonia and whooping cough. On November 7th I found his chest normal, but had a croupy cough. Suffered from phimosis. At night the cough was "like a dog barking" and he "has to fight for his breath." I gave spongia 3x, and hepar s. 3x. On November 21st was the same, but on December 5th was very much better, and has lost the croupy cough—only a cough which wakes him up occasionally, and some nights he sleeps all through.

#### CASE VIII.

Charles B., age 6, first-born, fed at the breast for three months only, and Nestlé's milk since. Teeth were cut late, twelve months old before any appeared. He has had rickets, measles, whooping cough, chicken pox, and is liable to coughs.

On September 26th, he came first to me with a history of night cough as if he would be strangled, and turns black in the face. The ribs were still beaded, and he was fat, but his flesh firm. I ordered spongia 3x, m. ii, hep. s. 3x, gr. i, alternate 2 hours, and sea baths. On December 9th I heard from his mother that he is much better, but still has a cough, which, however, is not croupy now.

#### CASE IX.

George S., age 11 months, firstborn of strong parents, and breast-fed, came on November 10th with a history of cough and vomiting. Drosera 12 every 3 hours was prescribed. On November 17th came again with violent fits of coughing at night between 2.30 and 3 a.m., when he cannot get his breath, and "makes a noise like a chicken." At three months old he suffered in the same



way. Spongia 3x and hepar 3x were prescribed, and on December 1st he came back cured.

This case is interesting because at first I suspected whooping cough, and prescribed accordingly, which did no good. When, however, the appropriate remedies were administered the disease promptly yielded.

#### CASE X.

Lilian T., aged 4 months, the second child, brought up on the breast, came to me on October 18th, the mother stating she "could not get her breath at night," and had "crowing breathing." I gave spongia 3x and hepar 3x alternate 2 hours, also merc. dulcis 2x gr. i, every night. Whey milk, and sea-water sponging. On November 3rd she returned; occasionally, once in three or four nights, has had slight crowing breathing, but she does not change colour as she used to do. I continued the treatment. She has not been since, and although I have written no reply has been sent me. We may, I think, conclude she has been cured also.

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### THE PROOF OF THE LAW OF SIMILIA FROM THE ELECTRO-CHEMICO-PHYSIOLOGICAL STANDPOINT.\*

By Prof. E. H. S. BAILEY, Ph. D., Lawrence, Kan.

By studying the pressure of some of the gases or vaporized solids, it has been shown that at high temperatures they are broken up into distinct parts, or dissociated. For instance, the common substance, ammonium chloride, breaks up into  $NH_3$  and  $HCl$ . Again, the German botanist, Pfeffer, has studied pressure in solutions, as, for instance, the pressure of the molecules of sugar in a water solution, and has learned that this osmotic pressure, as it is called, is enormous in quality, and is proportional to the degree of concentration of the solution. Van't Hoff says: "The osmotic pressure of a substance in solution is the same pressure that it would exert were it in a gas form, at the same temperature and occupying the same volume." Further, Arrhenius has shown that "those substances and only

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\* Read at the meeting of the American Institute of Homœopathy, 1898. Published in *North American Journal of Homœopathy*.

those that give abnormal osmotic pressure, are capable of conducting the electric current, and if these substances are dissolved in any other solvent in which they act normally, they lose that power."

This immediately brings up the question, How does a solution conduct electricity? It cannot conduct as a wire does, for the solution is decomposed and the wire is not. Grotthus assumed that the electricity was carried bodily, we may say, by particles of the dissolved substances from one pole to the other, and when the particles arrive at the poles they discharge their electricity. Many years ago Faraday gave the name "ions" to the little particles of matter which carry the electricity from one pole to the other. Now we have come to believe that all substances in solution, which conduct electricity, do so by means of ions, and these ions are the broken-up molecules.

One point more: In the case of a metallic salt, or of a strong acid or base, when this is in solution, a part of the substance exists as the original molecule, and a part is dissociated into its ions, and as the solution is diluted, more and more ions are formed, till finally the solution is in a complete state of dissociation, that is, all the particles are ions. This point of dilution differs greatly for different substances. The properties of a dilute solution must depend then on the binary properties of its free ions, and not on the properties of the original salt dissolved.

This much has been said, by way of preface, so that the generally accepted theory of solutions, which we propose to apply to the action of dilute solutions upon the mucous surfaces of the body, may be thoroughly understood.

The proposition that we intend to discuss is this: Is it not probable that in concentrated solutions of remedial agents, we get essentially the active particles on the system, while in the dilute solutions we get the action of the active particles or the dissociated molecules?

The first reason to suppose the above proposition to be true is that in chemical reactions between different substances in solution, or solutes, as they are called, no action takes place between the substances as a whole, but only between the ions of the substances. It is proper to infer from this that if the ions only act chemically, these

will be the particles that will act therapeutically, when brought in contact with an absorbing surface of the body.

Second.—It has been very recently shown that dissociated substances act most strongly as germicides. In other words, the solutions of substances, be they never so powerful, according to these researches, if they are not in a condition to be ionized, produce little effect on the bacteria. Everyone who has experimented with such an antiseptic as corrosive sublimate, knows that it will act in extremely dilute solutions; it is asserted on good authority that 1 part in 15,000 is effective as an antiseptic, and that a solution of 1 in 300,000 has a decided influence in restraining the growth of some spores. Some of your own number have even reported that a solution of one to one plus 24 o's was fatal to certain lower forms of life. A solution of silver nitrate 1 to 1,600,000 inhibits the growth of *aspergillus niger*, and sufficient silver was dissolved by the action of water on a silver dish, so that the organism could not live in it. Is this not an illustration of ionization? Are these minute, delicate organisms not susceptible to the ions of dissociated substances, as they could never be to the undissociated molecule?

Third.—It is a common practice among homœopaths, in case very early action of a remedy is desired, to dissolve some of the substance in water, and to direct that small portions be taken at intervals. This exactly fits into the method that would be suggested by the dissociation theory. In the dilute aqueous solution we should expect complete dissociation to take place, and we should have the ions free and undisturbed by a large quantity of undissociated molecules, to act on the system. These conditions are then more favourable for speedy action than any other that we can conceive. The practice may be old, but the reason for this practice, if we accept this theory, is apparent.

Fourth.—It is also the practice to administer a remedy upon the tongue. This may be exhibited in the form of a triturate with milk-sugar, or some inactive substance. What are the conditions here? There would be comparatively only a few molecules in the powder that is placed on the tongue; this dissolves in the saliva, and there is nearly complete ionization; in other words, it acts as a dilute solution. These ions are quickly absorbed

by the mucous surface, and act on the system. We may not understand how the particles get into the circulation so quickly, but it is a fact that cannot be controverted, that a remedy is very quickly taken up by this method of administration.

It is stated that 1-1000 of a grain of aconite, held in solution in water, dropped on the tongue, will cause a numbness that will last at least an hour.

Fifth.—When we are dealing with mineral acids and strong bases it has been found that here the ionization is quite complete even in solutions that are not very dilute. As we progress in the direction of weaker acids and bases and organic acids, the ionization is not as complete in ordinary solutions; that is, dilution must be carried farther to obtain complete dissociation. Sulphuric acid is dissociated into  $H_2$  and  $SO_4$ .

Sixth.—Neutral salts are most completely dissociated, and hence could be given in more concentrated solutions to produce the same effect. Again, the authorities state that "Solutions of very difficultly soluble substances may be regarded as completely ionized." This is of the greatest importance, as it will clear up a point that has been often misunderstood. How, say some, can any effects be obtained from a remedy that is insoluble, like silica, or sulphur, or gold? It is conceded that solubility is only comparative; some substances are more soluble than others; none are theoretically absolutely insoluble. All elements it is supposed are found in the water of the ocean. These elements exist there together in solution, even though it would seem that one would precipitate the other completely. Although some substances are considered so insoluble by the chemist, we may suppose that there must be a slight solution; and in this extremely dilute solution there are no undissociated particles; i.e., all the particles are ionized completely. These ions are in a condition to be absorbed, and act on the system directly.

Seventh.—I have spoken of electrolytes as those substances that would conduct the electric current, and as the ones that would be dissociated into active ions. How about the vast number of remedies that are not bases nor acids nor salts; that are simply extracts of drugs? In very many cases we do not know that these drugs contain salts; in many other cases we do not know that there

are salts, but we infer that there must be. In opium, for instance, the morphine exists as meconate of morphia; strychnine is present as a salt of igasuric acid in nux vomica; in aconite we have the alkaloid united with the aconitic acid; and numerous other cases might be cited. There seems to be no reason to suppose that similar salts are not present in all the drugs that contain alkaloids. When we have these organic salts there is slight dissociation, enough probably so that in dilute solutions we should get the effect of the active ions. Some experiments made in the laboratory of the University of Kansas by my associate, Dr. Franklin, seem to indicate that there is a state of partial dissociation in some common drugs. We experimented with the mother tincture of nux vomica and the mother tincture of bryonia. In the case of nux vomica we found resistance of 318.8, and in bryonia a resistance of 202.4. These figures are only relative, yet they show that these mother tinctures do conduct the current, and consequently they are partially dissociated. Now, we cannot tell what molecules are decomposed in the case of a tincture, as the substances present are so numerous and complex, and the possible decompositions are also very numerous. The case is entirely different from that of a simple salt, as potassium bichromate, for instance. Tannic acid is a very weak organic acid that is liable to be present in very many vegetable infusions, and this no doubt plays an important part in aiding the dissociation.

Eighth.—Another reason why we should infer that the action of dilute solutions would be different from that of the molecules is that the electrical condition is different in the two cases. We may regard the molecules as having a neutralized charge, while the ions are partly positive and partly negative. Who shall say that the system is not so constituted that it can take care of and receive an impulse from the ions, since their electric condition is entirely dissimilar to that of the molecules, which it cannot receive from the latter?

Ninth.—It should be distinctly noted that the statement is not made that there are more ions in a dilute solution, but that the proportion of ions to undissociated molecules is greater in the dilute solution. From this it would follow that as the condition of complete ionization was gradually reached, it might be possible

that the system would be more susceptible to the dissociated particles than to these same particles when mixed with a lot of molecules that acted in a different way. The effect of the molecules would be probably different when the remedy was presented in a concentrated condition, and this difference would be on account of the dissociation.

Tenth.—The nature of the solvent should be more carefully considered if the above theory is true. Water is the best solvent, and in this more than in any common solvent ionization takes place. If then we wish to get the action of a dilute solution at as small a degree of dilution as possible, water should enter into the diluting material. Water itself is ionized very slightly into H and HO, but this can be neglected. Alcohol is not a solvent in which ionization takes place readily, but it is a pure substance to use as a diluent, and if it contains some water, as it certainly does, no doubt it gives opportunity for sufficient ionization. Some experiments on the "dissociation of substances in a mixture of water and alcohol" have been recently reported in the *Zeitschrift für Physikalische Chemie*, which seem to indicate that the replacement of water by alcohol has no effect on the degree of dissociation. The suggestion is therefore made that dilutions might profitably be studied from the standpoint of dissociation in connection with methods of proving. I hope in some way to continue the investigation on the dissociation of mother tinctures and of the dilutions, though I recognise the difficulty of getting absolute results, when we have to deal with vegetable extracts whose composition is so little understood. Relative results, however, I believe, will be of value to the profession.

Finally, this application of the modern theory of solution seems eminently simple and practical. Taking this as a working basis it may be possible for some one to still further develop it, or at least deduce facts that substantiate it more thoroughly, or substitute some better theory in its place. We get below the mass action of a medicine—if we may borrow the term from the chemists—down to the action that takes place inside the molecule, namely, to the action of the ions themselves. Just why these particles, with their peculiar electrical conditions, should act upon the system therapeutically

in such a way that like cures like, we may not be able to conceive, but we can understand that in this condition more than in any other there must be a state of energy such as is most favourable to absorption and to subsequent therapeutic action.

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## THE PREVENTION OF TUBERCULOSIS.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

THE private meeting, which was held on the 20th December last under the presidency of H.R.H. the Prince of Wales in Marlborough House, to further the objects of an Association which has been formed with a view to the prevention of consumption (tuberculosis), has given a much needed impetus to the consideration of a subject which in its bearing upon the health and well-being of the people of this and other countries is of the highest importance. The statistics drawn from the returns of the Registrar General, as quoted by Sir William Broadbent, show that the deaths due to this form of disease in its various phases represent a very large percentage of the general mortality of this country. At the same time Sir William Broadbent is reported to have said that "this terrible waste of life, with all the protracted suffering attending it, and the distress, moral and material, which it involves, is in a great measure preventible." I shall not be claiming too much credit for the veterinary profession if I state that for years past it has sought to inculcate upon the public mind the importance of enforcing such legal enactments as already exist to protect consumers of milk from infection through the medium of this common article of diet. But the warnings which have from time to time been issued from this source have passed almost unheeded. Personally, I have taken special interest in the subject, and as long back as 14 years ago, read a paper before the Liverpool Homœopathic Medico-Chirurgical Society, in which I endeavoured to trace the disease to its origin, which I have always maintained is the cow, and I still hold the same opinion. I do not wish to be understood as meaning that consumption is not capable of being conveyed to individuals from a human source, but I do believe that if the bovine race could be rendered free of

tuberculosis, consumption in the human subject would gradually be less and less present, and in a few years sanatoria and treatment, whether open air or otherwise, would not be called for. It is quite evident that Sir William Broadbent and those who are acting with him on the committee of the aforesaid Association hold strong opinions of the absolute necessity of dealing with cattle, as among the objects of the Association is the following, viz., "*To extinguish tuberculosis in cattle*," and in the course of his opening statement on the work of the Association Sir William says, "Cows, unfortunately, are very subject to tuberculosis, and sooner or later the bacilli find their way into the milk. Through milk so contaminated infants and young children become affected with *tabes mesenterica*, tubercular meningitis, and disease of the bones. The flesh of diseased animals also may contain the bacilli." From a veterinary standpoint it is very gratifying to find that so high an authority in the medical world as Sir William Broadbent considers the necessity of extinguishing the disease in cattle important enough to include among the objects of such an Association, as this is distinct evidence that he is of opinion that tuberculous cattle are a source of considerable danger to the human race.

It has always been a cause of wonderment to me that neither the public generally, nor the medical profession in particular, have appeared to be sufficiently impressed with the absolute necessity of grappling with such a disease as this, which annually claims so large a percentage of victims. Both the one and the other have seemed to act as though the gravity of the situation was not recognised or as though inability to deal with the subject had engendered a despairing attitude of incapacity.

As has already been intimated, the veterinary profession has for years past sought to arouse the public mind to the importance of having put into force on the part of local authorities an Act which provides for the proper inspection of dairy cattle and dairies, in order that so far as cows are responsible for the propagation of tuberculosis a check might be put upon its spread; but apathy has prevailed and indifference has reigned supreme. Whoever may be responsible for the formation of this new Association, and to whomsoever



the honour may be awarded for its initiation, some credit belongs to the veterinary profession, as it undoubtedly was first in the field to draw public attention to the dangerous foe that lurks in our midst, and to suggest a method of combatting it. With those who study the public weal, however, the great thing is to grapple with the subject in such a practical way that merely imaginary and speculative methods shall yield pride of place to those for which a rational claim can be made that they promise most for the realisation of the objects it is desired to attain.

The objects of this new Association are as follows: viz.,

(1.) To educate the public as to the means of preventing the spread of consumption from those already suffering from the disease.

(2.) To extinguish tuberculosis in cattle.

(3.) To promote the erection of sanatoria for the open air treatment of tuberculous disease.

Objects numbers one and three do not properly come within the scope of this communication, as I am approaching the subject purely from the standpoint of a veterinarian within bounds upon which he is presumably qualified to give a professional opinion; but in passing, I may, perhaps, be allowed to state *ex cathedra*, that I recognise fully the value of object number one, as it is of the first importance that the public should be educated up to a recognition of the serious peril to human life which is daily threatened through tuberculosis, and how urgent a necessity exists for possible sufferers and already infected persons to do all within their power by regulating their daily life and actions, to minimise the risk of infecting healthy individuals whose constitutions the disease has so far not invaded. Object number three, however, does not commend itself to my judgment, if confined strictly to the lines laid down by the Association. I raise no objection to the foundation of sanatoria, nor to plenty of open air; but if these alone are to be relied upon for the restoration to health of patients, I am strongly of opinion that money expended with this object might be put to better purpose. I do not deny that some persons in whose constitutions the disease has not made much headway, may, by regimen of diet, rule of habit, and abundance of fresh

air and rest, realise restoration to comparatively good health; this, however, is the result of vis medicatrix naturæ, it is not curing the disease, for to cure a disease in the strict acceptance of the term requires the interposition of some suitable agent, called a remedy. Moreover, I maintain as the result of practical personal experience that tuberculosis in the majority of cases is amenable to the action of properly selected remedies, and that persons so restored to health are really CURED. Under the influence of such treatment the virus of the disease is overcome and destroyed by a stronger power, and not merely allowed to languish and die as is the case when nature under the open air treatment makes her effort to gain the mastery. Again, as compared with cases treated with properly selected remedies (selected strictly according to the principles laid down by the immortal Hahnemann, and known as homœopathic principles), the methods and time occupied by the so-called open air treatment are tedious, wearisome and slow—at least this is my view from a comparison of the one system with the other. I should strongly encourage the establishment of sanatoria in localities where open air can be enjoyed to the full all the year round, but I should at the same time urge with all the persistency I am capable of, the supplementing thereof with a strictly Hahnemannian course of treatment. Homœopathic practitioners will understand what I mean by *strictly Hahnemannian*, so that I need not dilate upon the construction to be put upon that particular phrase. My experience convinces me that much of the latter-day homœopathy as practised rather extensively in this country will not attain the desired end; those who would succeed in treating tuberculosis must follow the Master closely, as regards the attenuation of the drug and the frequency of dosage. I am afraid that departure from Hahnemann's rules on these points is accountable for many failures to grapple successfully with consumption and tubercular diseases, and that as a consequence practitioners have lost faith in the great principle they profess to follow, as applied to tubercular disease, and have become sceptical as to the possibility of success in such cases, if they were ever anything else but sceptical on these particular features of practice. As the result of 16 years' practical work among various classes of

animals I have confidence in affirming that Hahnemann's principles regarding attenuations of drugs, &c., as laid down in his *Organon* and *Chronic Diseases*, are perfectly reliable, and I venture to volunteer the statement that as among the lower animals so they may be relied upon in the human subject. It is also a fact worthy of special note that in all classes of diseases which are common to the lower animals and the human subject, the symptoms are very similar, if not absolutely identical, and the remedy which is appropriate to the human subject under given conditions is not less so to the lower animals under like circumstances.

I commend this fact to the careful consideration of those members of the homœopathic medical profession who openly state that provings on the lower animals are valueless. I have noticed among the reports of the meetings of the British Homœopathic Society this statement more than once repeated, and from close observation I have no hesitation in affirming that it is a palpable error. Properly conducted provings on various classes of the lower animals would, I feel sure, prove eminently useful, especially as regards objective symptoms, in elucidating many knotty points as to the action of drugs, which are by no means clear. I deem it necessary to refer to this matter, because, as will be seen hereafter, it has a direct bearing upon the proposal I am about to submit. It will, I hope, be quite clear that the point I desire to impress is, that if the *prevention of tuberculosis* is to be effectual, the preventive measures must start at the original source, namely, the cow. This point was recognised by H.R.H. the Prince of Wales in the very concise speech that he made at the meeting already referred to, when he said, "and the way in which much can be done is to extinguish tubercle among cattle." That, undoubtedly, is the point, but how is it to be done? Many influential and prominent members of the veterinary profession desire that tuberculosis should be included in the Schedule of the Contagious Diseases (Animals) Act, which, if adopted, of course, would be a very important step towards the application of the stamping-out process.

Seeing, however, that a low estimate puts down the animals of the bovine race infected with tubercular disease at fifty per cent. of the country's stock, naturally

farmers, stock owners and breeders are indisposed to give imperial and local authorities the power to wipe out of existence one-half of their stock, unless they can be guaranteed full compensation, and in all probability they will continue to oppose any such legislation unless the most improbable arrangements for compensation are assured.

It is probably known by most people, certainly by those who have been watching public events of late, that by the subcutaneous injection of an artificial cultivation of the virus of tuberculosis, the existence of the tubercular diathesis can be detected in cattle. I may say that as the result of many hundreds of experiments in different parts of the country it has proved a most reliable diagnostic agent, and so far as I have been able to learn out of all these inoculations with tuberculin no undesirable consequences have arisen in any one case, nor has the test proved false when followed by slaughter and a *post-mortem* examination.

One very interesting feature has been observable: In several cases animals that had unmistakeably responded to the tuberculin test, thereafter seemed to recuperate in health, put on flesh rapidly, and in the course of a few months were fit for and were sent to the butcher for slaughter; and, *mirabile dictu*, there was distinct evidence in their lungs of former tuberculosis by the tubercular centres observable which had become calcified, proving, at all events to my satisfaction, that the tuberculin not only acted diagnostically, but also curatively. This I take it is homœopathy pure and simple. After hearing of these cases I propounded the question to a well-known professor and bacteriologist, whether he considered they furnished evidence of the curative qualities of tuberculin; but I was unable to obtain a definite opinion on the subject from him. I fancy he thought I was spreading a net wherewith to catch him, and he was too cautious to be entrapped. These facts should furnish food for the reflection of all who are interested in the success of homœopathy, and not least to Dr. J. Compton Burnett, whose interesting and instructive monograph entitled *The Cure of Consumption with its Own Virus* first drew my attention, seriously, to the use of tuberculinum in cases of consumption, tabes mesenterica, etc.

I am fully persuaded that the more the possible curability of tuberculosis is studied and investigated, both upon the human subject and the bovine race, the more clear it will become that it is amenable to curative treatment: and whereas that which cures the human subject may under like conditions be relied upon to cure infected subjects among bovines and *vice versâ*, I submit that no better or more satisfactory method can be adopted for the prevention of tuberculosis than to prove experimentally what can be done to this end among cattle. With this object I wish to revive and re-introduce to notice a proposal brought forward some two years ago in which I elaborated a scheme upon SELF-SUPPORTING PRINCIPLES for the realisation of this object. My proposition involved the renting of a farm which should be set apart for experimental purposes; every animal introduced upon the farm would, on arrival, be placed in quarantine during a period of days set apart for diagnosing with tuberculin whether or not she was the subject of tuberculosis; if she did not respond to the test, she would be passed on to that portion of the farm which would be set apart for dairy purposes. If, on the other hand, she did respond, she would be sent to a place quite far enough away from the dairy department to ensure protection from risk of infecting the healthy cows, and there she would be experimented upon therapeutically, and a daily record of effects and results would be kept for the information, especially of the homœopathic medical practitioners who cared to examine same, as also all and sundry interested in such experimental work.

In due course such results would be published and placed at the disposal of stock owners, local authorities, and all interested in the work of showing how to prevent consumption.

For the better conduct of experiments, as also to protect healthy cows from the risk of infection, a system of yard management, which involves feeding upon *cut* meadow and artificial grasses during the summer, and suitable dry and succulent foods during the winter, would be adopted, according to principles advocated by myself in an essay I read before the Farmers' Club in the year 1896. For the purposes under consideration these offer special

advantages, as cows which are put out to graze in the ordinary way are exposed to risks which it would be highly desirable to avoid under such experimental conditions. Moreover, under this system of management, cows furnish a much larger yield of milk. Other advantages of an economic character also accrue, and all things taken into consideration the system is decidedly more profitable.

The proposal being strictly an experimental one I refrain from seeking to influence anyone to subscribe thereto by the suggestion of a probable realisation of large remunerative dividends; at the same time I consider that at least 5 per cent. of the actual profits should be set apart for division among those who contribute to the share capital, the balance of profit being set apart for the further development of experimentation. One of my medical friends, who himself has offered to subscribe two hundred pounds towards this scheme, entertains some doubt as to the risk of inoculating with tuberculin cows that prove healthy lest they become infected thereby; but, as I have already explained, so far as is known at present no such consequences ensue upon its application; nevertheless, the question or doubt which my friend advances only furnishes additional reason for experimentation and investigation, such as I propose; and it would seem that from his willingness to support the scheme he recognises the advantage it would be to proceed on these lines.

The inauguration of such a work is hardly less important in its bearing upon the public weal than the erection and maintenance of a hospital; but while that involves a large philanthropical and absolute gift of moneys, my proposal would prove *self-supporting*, and slightly remunerative. Therefore, if the urgency of the need for such work can be impressed on the minds of a certain number of persons who are interested, not in homœopathy as a mere science only, but in the influence the system is capable of exercising in the battle with this dire disease, there should be little or no trouble in raising the capital required to carry out the proposal, which, apart from the scientific information to be obtained, as the result of a regular system of experimentation on infected animals, would provide a reliable source of supply from which ABSOLUTELY GUARANTEED

PURE MILK could be obtained. This latter feature alone should commend it and ensure prompt support.

In concluding, I should like to draw attention to the advantages which I claim this scheme possesses over that of the Association recently established for the "*prevention of consumption*;" one of the objects of this Association is "*to extinguish tuberculosis in cattle*." What does this involve?

A reply to this enquiry may be obtained from the speech as reported of H.R.H. the Prince of Wales, and there is very little doubt that these remarks of His Royal Highness fairly represent the views of those who were present at the meeting held in Marlborough House. His Royal Highness is reported to have made the following statement:—

"I agree with Lord Salisbury that to try to pass a law which would force farmers to perform operations on their cattle would possibly be unpopular; but, still, if people would sometimes sacrifice their cattle which are suffering from tuberculosis they would do more by good example in stamping out this complaint. I mention the matter because I have been informed that Her Majesty the Queen gave authority that thirty-six of her dairy cows at her home farm, which, on being tested by tuberculin, were found tuberculous, were to be destroyed."

From this I glean that H.R.H. the Prince of Wales favours the adoption of the stamping-out process, so far as cattle are concerned, and from what I know of the views of the general body of the veterinary profession, the principle of stamping-out is the method of procedure that would be mainly relied upon for extinguishing tuberculosis. In other words, to extinguish the disease necessitates the extinguishing of more than one-half of the neat stock of the United Kingdom. I submit that this is too serious a sacrifice to ask of men whose cattle are their stock-in-trade—their actual capital. If wealthy owners, to whom a few hundreds of pounds are of but slight consequence, think well to act upon the advice of those who recommend slaughter of all cattle that respond to the tuberculin test, I have no objection to raise, though I can but deem such a procedure, even on the part of Her Majesty the Queen, a very unfortunate sacrifice. A small proportion of tuberculous cows are undoubtedly so seriously infected that nothing remains

for them but to be slaughtered; but, as compared with those that are in a less degree the subjects of tubercular invasion, the number is comparatively small; therefore, I venture to submit, with all deference to the views of H.R.H. the Prince of Wales and those who concur with him on this matter, that it is absolutely impracticable to attempt to *extinguish tuberculosis in cattle* by the stamping-out process; and I go farther and state that, in my opinion, it would be a cruel waste to attempt such a method of eradication, more especially when there is good reason to believe that a better and more economical course of procedure is available.

I am well aware that the practitioners of so-called orthodox or regular medicine will sneer at the proposal, when it appears that the methods suggested depend upon the therapeutic principles known as homœopathy; but what matters that so long as it can be proved that homœopathy can save millions of pounds' worth of milk-producing stock, and, at the same time, contribute to the extinction of a disease which numbers its victims by hundreds of thousands every year? There are, possibly, even among homœopathists, those who incline to the belief that I am extremely optimistic in the views I hold concerning the possible cure of tubercular diseases. I will not blame them for their scepticism; but to such I commend, even as a mere matter of scientific interest, the great importance of putting the question to the severest test of experimentation, especially as the proceeding can be carried out at a financial profit, and, commercially speaking, at little or no risk; this, it must be admitted, is a very different thing from asking the public for contributions or donations to an object of a simply philanthropical character.

I shall be prepared as a preliminary proceeding to present a full statement of my proposal and plans of operation to a meeting of homœopathic medical practitioners, if such can be arranged; and it is my intention to address every practitioner I know or whose name is to be found in the homœopathic directory on the subject.

I claim that under homœopathic treatment many cases of tubercular disease can be cured, indeed a large proportion of such; and by "cured" I mean that the



organism known as the bacillus tuberculosis, which is recognised by scientific men as the cause of tuberculosis, would be destroyed and ultimately eradicated from the system through the agency of appropriate medication, and that the animal which had previously been the subject of the disease would no longer be under its destructive influence, nor be capable of infecting another of its own order. To prove this beyond question or doubt is the object of my proposal, to attempt which is, I contend, a more practical, economical and useful procedure than merely relying on the stamping-out method or isolating infected cattle in the hope that cod liver oil and extra rich food will enable nature to overcome the disease, or to so far assert herself that the animal could ripen into fairly good beef and be ultimately consumed by man without incurring risk of infection that would be considered reprehensible by a local authority.

## REVIEWS.

*Renal Therapeutics, including also a Study of the Etiology, Pathology, Diagnosis and Medical Treatment of Diseases of the Urinary Tract.* By CLIFFORD MITCHELL, A.M., M.D. Philadelphia: Boericke & Tafel. 1898.

THIS book of 865 pages crown-octavo, in large type and with very free use of heavy-faced type for the headings of paragraphs, is the latest production of the pen of Prof. Clifford Mitchell, Professor of Renal Diseases in the Chicago Homœopathic Medical College. Prof. Mitchell is already favourably known as the author of a book on "Urinary Analysis" (frequent mention of which is met with in the present volume). The book opens with an introduction of 45 pages, devoted to the anatomy and physiology of the kidney, the latter, however, contained within a scanty three pages, a space far too short to be of real use in a book principally devoted to pathology and medical treatment. Passing on to the body of the work, we find a short, but excellent, chapter on physical examination of the kidney; the only point in this which we think open to question is the general statement that in large kidney tumours the intestines are pushed over to the median side; from these the ascending colon ought surely to have been carefully differentiated.

Next comes a systematic exposition of those diseases of the kidneys which come strictly within the province of the

physician; this occupies the following 105 pages, and comprises renal hyperæmia, acute nephritis, chronic diffuse nephritis, chronic interstitial nephritis, amyloid degeneration, uræmia, renal embolism, and the toxæmia of pregnancy. The account of these various conditions under the headings of synonyms, definition, etiology, pathology, clinical features, urine, differential diagnosis, prognosis, dangers, dietetics, and therapeutics, although obviously condensed as far as possible, compatible with usefulness, is, so far as it goes, excellent, the morbid anatomical features in each case being particularly good.

In the matter of "therapeutics" it is soon evident that the author is no bigot, for he gives us not only a sufficiently full list of drugs homœopathically applicable and the indications for employing the same, but an unusually long list of adjuvants, including hot baths, copious injections of hot water and normal saline solution, dry and wet cupping to the loins, sweating, purging, saline diuretics, the wet pack, and injections and inunctions of pilocarpine. He also appends, in some instances, a brief summary of *fin de siècle* treatment as practised by allopathic experts in kidney diseases.

The remainder of the book is occupied by a fairly accurate account of some of the more surgical affections of the kidney and its appendages, such as cysts, abscesses, tumours, pyelitis, hydronephrosis, pyonephrosis, renal calculus, lithuria, phosphaturia and oxaluria, cystitis, vesical calculus and tumours, a somewhat scanty account of diseases of the prostate, and an equally short one of diabetes. The illustrations, mostly reproduced from European sources, are fairly numerous, but vary much in excellence, the earlier ones being needlessly poor in these days of photography and "process blocks." One or two obvious blemishes in the way of orthography will probably be corrected in future editions, *e.g.*, *peritonæum*, *synonymes*, *epithelia* (for the cells of the epithelium), and "*the nephrites*."

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the session was held at the London Homœopathic Hospital, on Thursday, January 5th, 1899. The chair was taken at 8 o'clock p.m. by Dr. Washington Epps, vice-president. Mr. H. G. T. Dawson, L.R.C.P.I., L.R.C.S.I., L.M., Sandridge House, Shrewsbury Road, Birkenhead, was elected a member of the Society.

An elaborate and exhaustive paper on *Acute Peritonitis* was presented by Dr. George Burford, M.B., and Mr. James Johnstone, F.R.C.S., of which the following is an epitome:—

By peritonitis is denoted a clinical condition, or certain totality of symptoms, and not a single pathological process. The clinical types or varieties of acute peritonitis are three-fold: (1) The mainly septic type; (2) the mainly inflammatory type; (3) the concurrent type; both septic and inflammatory process being pronounced.

The common and primary factor in every case of acute peritonitis is not inflammation but germ infection, the bacterial excitants of acute peritonitis being the bacillus coli communis, streptococcus (staphylococcus), gonococcus, pneumo-coccus and tubercle bacillus.

The proper function of the inflammatory process is to neutralize the germ infection of the peritoneum: This is affected (1) by exudation; (2) by phagocytosis; and (3) by adhesion.

There are alternative issues in the conflict of bacterial infection *versus* inflammatory reaction in the peritoneum as follows:—(1) sepsis predominant: inflammatory reaction paralysed; (2) inflammation predominant: septic infection neutralised; (3) inflammation disproportionate and excessive from unhealthy tissue condition; (4) restitutio in integrum, or (5) inflammatory sequelæ, *e.g.*: pus, adhesions, physiological damage to contiguous organs and tissues.

Acute peritonitis is not infrequently a complication of constitutional disease, and occurs in acute specific fevers, nephritis, and acute rheumatism.

With reference to so-called idiopathic peritonitis, the following proposition was laid down as proven in the great majority of cases; and the only safe working hypotheses "that peritonitis is the issue and result of some antecedent lesion usually of an abdominal organ or tissue."

The import of recurrent peritonitis was dealt with.

The symptomatology of acute peritonitis was reviewed, and the following conclusions enforced, namely:—(1) That the pulse is the measure of the *septic element*; and (2) that the temperature is the measure of the *inflammatory element*. The differential diagnosis of cases was given in which respectively the *septic* or the *inflammatory* element preponderated, and certain criteria of *septic* preponderance were emphasised. The prognosis in acute peritonitis was discussed.

The treatment of acute peritonitis was considered under the following heads, namely: (1) the therapeutic; (2) the accessory; (3) the surgical; and the special treatment appropriate for (a) the septic symptoms; (b) the inflammatory symptoms; and (c) the sequelæ. The paper was illustrated by lantern slides, temperature and pulse charts, cultures of

peritonitis-producing organisms, diagrams, and a microscopic demonstration. A *précis* of the paper had been distributed to Fellows and Members of the Society beforehand, which much increased the interest of listening to the reading of it, and of the accompanying demonstration. The discussion which followed was also thereby much facilitated. The following gentlemen took part in the discussion. Dr. Blackley, Mr. Knox Shaw, Drs. Roberson Day, Madden, Byres Moir, Goldsbrough, Stonham, Mr. Dudley Wright, Drs. Vincent Green and MacNish.

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### NOTABILIA.

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#### WARD'S ISLAND HOSPITAL, NEW YORK.

"It often takes a long time for a great idea or far-reaching principle to obtain such a firm hold upon thinking minds, even in this country, before its voice will be heard and it becomes an irresistible force. There were long years of bitter and relentless persecution, long years of struggle, before the great therapeutic ideas of Hahnemann and his magnificent philosophy obtained such a strong hold upon the public mind as to make success in the establishment of a public hospital almost a certainty. And when in only three days' time signatures were obtained representing over four hundred millions (400,000,000) of property, asking as a just right for a fair representation of hospital work, and that petition presented to the Board of Charities by A. T. Stewart, the most prominent, perhaps, of all the merchant princes of New York, and William Cullen Bryant, the poet and senior editor of the daily press, there could be but one answer—and the battle was won. A new hospital, the representative of the advanced therapeutics, was added to the great charities of our city. As there was a Blackwell's Island Hospital under the control of the Department of Charities we wished ours, its sister, and under the same control, to be called the Ward's Island Hospital. Our hospital was the representative of the so-called homœopathic school, and yet that name was a sectarian one, and we wished the utmost freedom, as physicians, to think and act along the lines of ever advancing science and experience, wherever those might lead us. The name Homœopathic Hospital was insisted upon, however, and we were forced to submit. The Medical Board was selected from the homœopathic school. It fairly represented the advanced and liberal practice of that school, and yet to a certain extent it was unsectarian, the first really unsectarian hospital ever established in all the world's history. There were no shackles upon the minds of the Medical Board.

The broad avenues of science were opened to all, and the developments of new truths found a ready reception in every mind.

"The new hospital has been called the model hospital of the city, and why? Because it has been peculiarly blessed in most of its superintendents, and especially the present one, with men of marked executive ability, and a medical board who were not afraid to think and act in accordance with the best lights of medical science. The cleanliness, the light, the sunshine, the pure air, the well-selected food, the asepsis, were a part of the philosophy of Hahnemann, out of which grew his therapeutic law, long before Lister was known, and were to a great extent the secret of the wonderful success of his followers, before those principles were absorbed and became a part of the practice of the great majority of the profession. It was a proud day for us when we entered for the first time our new home, and as we passed through the corridor and from ward to ward, with their long rows of unoccupied beds, realised that they were soon to be filled with *our* patients, and the city, whose servants we were, would pass judgment upon us and hold us strictly responsible for our work. As we passed from ward to ward by the side of those tenantless cots, soon to be filled with the sick and suffering, looking to us for aid, there seemed to vibrate through the air a voice from some unseen source,

'Let there be many windows to your soul,  
That all the glory of the Universe  
May beautify it. Not the narrow pane  
Of one poor creed can catch the radiant rays  
That shine from countless sources. Tear away  
The blinds of superstition; let the light  
Pour through fair windows, broad as Truth itself and  
high as God.  
Sweep up the débris of decaying faiths;  
Sweep down the cobwebs of worn-out beliefs,  
And throw your soul wide open to the light  
Of reason and of knowledge. Be not afraid  
To thrust aside half-truths and grasp the whole.'

"And this we have tried to do as far as our ability would permit us, and to make our hospital a little molecule in the mighty stream of freedom and progress which is circling the world.

"Have we failed, or is the world a little better for that spirit of freedom, of progress, of clear-cut, incisive thought which you have carried from your hospital experience into broad fields of labour and made a part of your life work and the crown of your success?"—*Medical Times*, New York.

## THE PREVENTION OF TUBERCULOSIS.

SIR HENRY TYLER, an ardent believer in the teachings of Hahnemann, makes the following contribution to the great Tuberculosis question in the shape of a letter to "*The Standard*." That the use of Tuberculin on homœopathic principles deserves to be extended we fully believe.

"To the Editor of '*The Standard*.'"

"SIR,—The meeting at Marlborough House on the 20th instant, under the presidency of his Royal Highness the Prince of Wales, of the 'National Association for the Prevention of Consumption and other forms of Tuberculosis,' marks the commencement of an important work, to which we must all wish God speed, and from which we may hope that, as the result of ample discussion and constantly accruing information, great benefit will ultimately arise. Although the old 'idea of inheritance' as the origin of such diseases may be abandoned, and is now replaced by the admitted theory of the introduction of the offending bacillus—conveyed either by unboiled milk from diseased cows, or by infected food insufficiently cooked, or, through the atmosphere, from dried 'sputa' inconsiderately scattered—yet it cannot be denied that individuals, and even large families, appear to be afflicted with a constitutional taint that renders them an easy prey to the tubercle bacillus, however introduced, whilst their neighbours, exposed to the same dangers and similar environments, maintain their immunity. At the same time numerous cases can be adduced of families thus tainted in which there have been developed, not only consumption, but also cancer, insanity, and kidney and other forms of disease—almost interchangeably—amongst their various members.

"The preventives now prominently put forward—(1), well-cooked food and milk, (2) sunshine and fresh air, (3) well-drained soil in sanatoria and elsewhere—are not new, and their advantages cannot be disputed. They are obviously essential for the preservation of health, and are valuable for the prevention and cure of all forms of tuberculosis, as well as of other diseases, and, indeed, for the treatment of patients generally.

"Any means of education by which their value can be more widely made known, and their employment can be increased, must be highly beneficial. But much more is urgently required, and it is somewhat strange to observe that, whilst these preventions are so prominently put forward in the interesting address of Sir William Broadbent, with a view to the diminution of the seventy thousand deaths annually attributable to tuberculosis of one sort and another, at the

same time the further question of improved medical treatment to assist in reducing that number of deaths, or in relieving the sufferings of those affected, finds no standing ground. Tubercular diseases have, in fact, been too long regarded as well-nigh incurable by medical applications. The sufferers who could afford it have been sent off to the mountainous regions of Europe, or of America, where—especially under conditions of dry atmosphere—I have seen many cases of material benefit or cure; but these and others are now to depend for their relief upon sanatoria in the United Kingdom. The amount, however, of sunshine and dry air is, in this country, limited; the means of healthy ventilation amongst the poorest classes, and those huddled together in small rooms, is, to say the least, difficult of attainment, and the attempt to compass the absence or destruction of infected ‘sputa,’ and the improvement of habits in this respect amongst careless patients, is more or less Utopian.

“Unfortunately, the task of education proposed under the above three heads, and the resulting means of prevention or cure amongst the masses, and especially the poorest classes, must, however desirable, be in any case a slow process, and can only at best be imperfectly accomplished with the lapse of time. It is, therefore, of extreme importance to direct attention also in the meantime to the improvement of medicinal methods and remedies, whereby suffering may be relieved and cures may be effected, even when the best conditions of health are unavailable. In this respect the physicians of the old school may, as many of them are beginning to do, advantageously make use of homœopathic medicines, and note the results of the best homœopathic practice. In this hospital, and out of it, we have daily experience of the value of remedies which, judiciously applied, succeed in tuberculous cases in which the remedies of the old school have more or less failed. And now that injections under the skin of tuberculin, proposed by Koch, have been happily given up as unsatisfactory, and even dangerous, I may venture to draw attention to the success which has now, for many years, attended the use of ‘tuberculinum,’ homœopathically prepared, and administered through the mouth. This is one instance of a real remedy which, especially in incipient cases, and when constitutional taint exists, will frequently arrest from the outset the progress of tubercular affections, even when the three valuable preventive precautions of Sir William Broadbent cannot be enforced.

“I am, Sir, your obedient servant,

“H. W. TYLER, Chairman of the House Committee,  
London Homœopathic Hospital, Great Ormond  
Street, Bloomsbury.

December 24th, 1898.”

## SOME COMPARATIVE FIGURES.

SOME of the following statistics have already appeared scattered through our pages, others are new. It may not be without interest to our readers to see them once more and in a collected form. They are taken from an article in *The American Medical Monthly*,\* published in Baltimore, and advocating the diffusion of facts such as these and of information generally respecting homœopathy.

"The total number of patients treated in Cook County Hospital for the five years ending January 1st, 1894, was 48,508, of which 28,221 were assigned to and treated by the allopaths, with a mortality of 11.87; and 6,968 were assigned to and treated by the homœopaths, with a mortality of 9 per cent., or for the same number treated the allopaths lost in the proportion of 132 to our 100. As all patients are assigned in numerical order and treated in the same institution, the comparison is fair.

"The largest homœopathic hospital in the world is the Metropolitan Hospital on Blackwell's Island, N. Y. On the same island is the City Hospital, under charge of allopaths. Patients are sent to these two hospitals from the department distributing office, *pro rata*, according to the number of vacancies in each and irrespective of the disease to be treated. According to the report of the Department of Public Charities for 1892, the allopaths treated in that year 8,480 patients, with a mortality of 7.85 per cent., while the homœopaths treated 5,060, with a mortality of 5.36 per cent., they losing 187 to our 100.

"In Philadelphia in 1894, there were treated in the Pennsylvania Hospital 2,558 patients, with a mortality of 10.49; and during the year ending March 1st, 1895, in the Hahnemann Hospital of the same city there were treated 1,851 patients, with a mortality of 5.20 per cent. A loss of 198 to our 160.

"In Pittsburgh, in the allopathic Western Pennsylvania Hospital, during the year ending September 30th, 1895, there were treated 2,805, with a mortality of 8.98 per cent. At the Pittsburgh Homœopathic Hospital during the year ending March 31st, 1895, 1,405 patients were treated, with a mortality of 6.67 per cent. Loss of 141 to our 100.

"In Boston, in 1894, the Massachusetts General Hospital treated 4,605 cases, with a loss of 9.83 per cent.; the Massachusetts Homœopathic Hospital, the same year, treated 1,191 cases, with a mortality of 4.19 per cent. Loss of 234 to our 100.

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\* By Dr. O. E. Januey.



"In Baltimore, in 1894, the Johns Hopkins Hospital treated 8,018 patients, with a mortality of 6.52 per cent. The Maryland Homœopathic Hospital treated 856 patients, with a mortality of 8.87 per cent., or for the same number treated their loss was 198 to our 100.

"Collecting all these statistics, the allopaths treated 50,405 patients, with a mortality of 10.82 per cent.; the homœopaths, 19,546 patients, with a mortality of 6.97 per cent. For the same number treated their loss is 149 to our 100, or three to our two."

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### PATHOLOGICAL EFFECTS OF ARSENIC.

UHLMANN of Vienna, in a recent medical meeting, showed a case with keratosis, ulcers and epithelial carcinomata brought on by the prolonged use of arsenic. The patient had suffered from burning and smarting of the skin of the hands and face. Epithelioma appeared on the forehead and heel. Hebra, in the same meeting, related that from taking arsenic for neuralgia the soles of his feet became so thick and painful that walking was impossible.—*Medical Century*.

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### SULPHONAL POISONING.

DR. F. G. GILBERT, at 10 p.m. on July 9th, was called to see E. C., an anæmic and somewhat neurotic girl, aged 17. She had lately been suffering from neuralgia, and on the day mentioned she had altogether 60 grains of sulphonal—20 grains at 11 a.m., 20 at 2 p.m., and 20 at 8 p.m. Soon after 8 p.m. she began to be drowsy, and went to bed and slept for about two hours, when she woke up with a feeling of nausea, but was not sick. On getting up she was markedly ataxic, and "walked as though very drunk." Her condition rapidly became worse, and at 10 p.m. he was called in. He found the patient on the bed with closed eyes, and noticed marked muscular twitchings. The respirations were 48 and shallow, but every few minutes she took several deep breaths. The temperature was 95.4°, and the extremities were cold, with marked signs of cardiac weakness. The pulse was very feeble and hard to count, but he registered it at 58. The pupils were slightly dilated, reacted slowly to light, and the corneal reflex was absent. The patient had hallucinations, thinking she was pursued by beetles and fleas; but when spoken to or roused, she became wildly delirious, striking and fighting with her attendants until completely exhausted. The patient's condition somewhat improved at 5 a.m.; during the day she slept and took nourishment well, but the bowels were not relieved, and she

passed no urine. Towards evening she again became delirious, but her pulse was good. Croton oil was given, and also hyosine hypodermically. This quieted the patient, and the oil operated freely. After some hours (thirty-six since commencement of the attack), 5 ounces of urine were passed; this contained no albumen. After this the patient made a slow but uninterrupted recovery.—*British Medical Journal*.

#### "IMMEDIATE REPAIR OF THE PELVIC FLOOR."

DR. HOWARD R. CHISLETT presented a paper to the Clinical Society of the Hahnemann Hospital of Chicago on this important subject. Before describing the thorough method which he adopted in stitching up after traumatisms during labour, he gives his opinion as to the great frequency of lacerations of greater or less degree. He says:—

"The physicians who tell us that they have practised ten, twelve or fifteen years and never had a laceration are mistaken—they simply did not make an examination at all or did not recognize a laceration when they saw it. I believe that our obstetricians of largest experience who examine their cases thoroughly and visually will sustain me in the statement that it is the exception, and not the rule, to have a labour completed without some form of laceration to the vaginal mucous membrane, at least

"A visual examination, aided by a strong light and suitable retractors, is positively demanded after every childbirth. This examination can be rendered more complete by packing the cervix or vaginal vault to stop bleeding, and should be an examination of the entire vagina, anterior, posterior and lateral walls. There is absolutely no contra-indication to an attempt at primary repair of such injuries. By primary repair, I mean within twenty-four hours after the delivery."

Going on to describe the steps he believes to be necessary, Dr. Chislett said:—

"Internal lacerations involving mucous and muscular coats should be closed by careful approximation of surfaces and edges by means of interrupted sutures of fine silkworm or catgut, carefully rubbing into the line of incision enough nosophen or iodoform powder to form a crust which will protect the wound from lochial discharges until a plastic exudate has permanently sealed the lips together.

"External lacerations should be treated in the same way by introducing sutures from the mucous surface from the apex of the tear to the muco-cutaneous junction and then uniting the skin with sutures passed only sufficiently deep to coapt the parts left below the internal sutures. The method of encircling the whole wound by passing deep sutures from

the skin of the perinæum is bad for two reasons. 1st. It does not properly coapt the mucous part of the tear, and thus allows bathing of the wound surfaces with lochical discharges. 2nd. The deep sutures, when tied sufficiently tight to approximate the deeper surfaces cause strangulation of the tissues which, even though it be insufficient to endanger necrosis, often so lessens the normal resistance of the tissues that even mild infections will prevent the normal repair.

"Complete laceration of the perinæum and posterior vaginal septum should be treated by a double operation, the first part aiming at complete closure of the rectal wall by means of interrupted catgut sutures passed from the mucous side. After these sutures, which should not be more than one-fourth of an inch apart, are introduced and tied the vaginal wound should be carefully sterilized with hydrogen peroxide or iodine, followed by irrigation with boracic acid solution or a normal salt solution. One's next care should be the sphincter, which is best united by means of one or two mattress sutures of catgut No. 3. Owing to the danger of infection from the rectal sutures I think it wise to introduce one row of buried catgut sutures to approximate the deeper portions of the vaginal wound, after which the treatment is the same as for incomplete external lacerations, viz., sutures from the vaginal mucous membrane to the muco-cutaneous border, and last a few superficial ones from the skin of the perinæum. If you doubt the reliability of the catgut, one or two of these silk-worm sutures may be passed through the sphincter. All suture lines should then be protected by rubbing in the nosophen or iodoform.

Regarding the after treatment, it is decidedly safer to pack the vagina loosely with iodoformized gauze and allow it to remain for twenty-four hours. After this douches of boracic acid solution, creolin or lysol may be used twice daily. The stitches may be removed from the sixth to the tenth day, depending upon the amount of irritation they may be producing."

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"IN UNITY THERE IS STRENGTH."

We remember to have picked up not long ago from the counter of a chemist's shop a homœopathic periodical containing an article, pointing out in grandiloquent language the virtue and nobleness of unity and loyalty amongst members of the homœopathic fraternity. It reminded us of the many soul-stirring advertisements of Mother Seigel's Syrup, for it ended up by the advocacy of a nostrum as far removed from the grand subject matter of the main body of the article as

is that beneficent lady's universal comforter from the subject matter of her catch-penny announcements. The paragraphs which here follow breathe a spirit which has our earnest sympathy, and although (if not because!!) they do not end up with "Use Mother Seigel's Syrup," we gladly reproduce them. In some details, of course, they do not apply to our English readers, but the principle of them is capable of application by us all:—

"It cannot be denied that homœopathy owes its present standing and influence largely to the organization and support of homœopathic institutions—societies, journals, hospitals and colleges.

"Such institutions are our life as a school, and it is the duty of every alumnus of a homœopathic college to consider the forces that have made it easy for him to study homœopathy, to practise homœopathy, to stand before the community as a physician having equal rights and privileges with the graduates of the older and more narrow school of medicine, and to possess a large and rapidly-growing *clientèle* among the most intelligent and educated of our people.

"'In union there is strength' is an old and homely motto, none the less true to-day in its application to the needs of the homœopathic profession than in the early days of our struggle for existence, though not wholly because of similar conditions being present. To-day it would seem that we might well paraphrase the saying to read, 'In *unity* there is strength,' for many times the strength of our *union* is sapped by the absence of *unity*. True union carries with it unity, and union with unity will ensure loyalty to our homœopathic institutions.

"It is plainly the duty of every physician to join his state organization, and this presupposes that his professional career is planned on honourable lines. It is as plainly his duty to avoid personal dispute, as tending to weaken the essential element of progress, unity. It is his duty to 'agree to disagree' when the sentiment of his colleagues is against his views, and as much his duty to continue his loyal support of the institution to which he belongs. A man cannot lightly lay down a responsibility assumed. He becomes an integral part of the whole, and the withdrawal of his interest, his assistance, his enthusiasm, is always a loss, the remote effects of which can not be measured.

"Let our thoughts occasionally dwell upon these matters, let us consider whether we are doing our whole duty, whether we could not, at little sacrifice to ourselves, contribute something more to the forces whose successful continuance and growth benefits not only ourselves but mankind. We may not feel able to give money, nor is it in our mind as one of

our duties. But we can all feel a friendly interest, we can say a kindly word (or none at all), we can criticise without censure; we can contribute to the pages of our journals experience that will be useful to our brother practitioner; we can look for opportunities to send suitable cases to our hospitals and dispensaries; and we can send our students to our own colleges, where they will obtain an education complete in every branch of the art and science of medicine and surgery, and as much of 'old school' methods as will be useful to them."—*American Medical Monthly*.

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#### AN EASY METHOD OF DIAGNOSING OCCIPITO-POSTERIOR POSITIONS.

DR. HORNBERGER (*Clinique*, November, 1898) is of opinion that with occipito-posterior positions dilatation is extremely slow and delivery consequently slow and tedious.

He advises early diagnosis of the position, for which the following signs are usually adequate. He writes:—

"If the examination reveals the cervix high up in the cavity of the pelvis or at the superior strait, dilatation is prone to be more slow and tedious. If the os uteri is discovered so far posterior that it can scarcely be reached with the examining finger, or perhaps can only be felt by first drawing forward the anterior uterine wall with the finger nail, although the presenting part lies very low, I look upon it not only as a very tedious and difficult case but one in which artificial aid is required to assist in its termination. This may not hold good in all cases, but I believe that by close observation you will agree with me that this theory will prove correct in most instances. When the os uteri is located posteriorly as just described and the presentation is the vertex of the head you can confidently expect an occipito-posterior position. This I have many times confirmed by examinations after dilatation has progressed so that a positive diagnosis could be made. Our text-books tell us that the first position of the vertex is the manner in which the fœtus presents in a great majority of cases. In looking over a record of two hundred consecutive births I find the occiput presenting posteriorly in sixty-nine cases, or nearly thirty-five per cent. It would seem from this that dorso-posterior positions occur more frequently than we are taught to believe.

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#### RARE SYMPTOMS OF IODISM.

At a recent meeting of the Société Médicale des Hospitaux, M. Daulos described some rare symptoms produced by iodide of potassium. A man, aged 60 years, took 7½ grs. of iodide of

potassium on one day and 15 on the next, when he had slight signs of iodism—coryza and disagreeable taste in the mouth. There was considerable suprahyoid tumefaction, symmetrical and not extending to the parotid region. There was no spontaneous pain and but little tenderness, and the colour of the skin was not altered. The saliva was not affected. Palpation showed no œdema, but an elastic swelling in which the submaxillary glands were felt to be swollen and a little tender. The iodide was supposed to be the cause, and was stopped. Three days later the swelling had disappeared. To complete the proof a similar result was produced twice on administering the drug. Elimination of iodine was rather slow; two hours after administration there was scarcely a trace in the urine, and it was found abundantly on the following day. The only allusion to the subject which M. Daulos could find in literature was the statement of M. Fouriner that in the treatment of syphilis swelling of the salivary glands, principally of the parotid gland, had been noticed. Another case was narrated. An old patient of the Saint Louis Hospital who had suffered from syphilis was given daily 45 gr. of the iodide of potassium. After ten days he complained of violent itching, and an erythematous and bullous eruption developed. The iodide was stopped, but the eruption continued to appear, and twelve days later the itching was excessive, preventing sleep. There was a discrete bullous eruption on the back of the hands, feet, face and ears. On the trunk and arms there were numerous erythematous patches and urticarial wheals on and apart from the latter. The eruption declined under arseniate of soda, but only after ten days' administration. A point of interest was that the eruption continued to appear for more than six weeks after the discontinuance of the iodide of potassium. Also the eruption was a typical dermatitis herpetiformis as described by M. Broeg—a form of eruption not previously observed as a result of iodism.—*Lancet*, Jan. 21st.

#### HÆMORRHOIDS AND ENLARGED PROSTATE.

DR. J. L. JELKS, writing to the *New York Medical Times*, expresses the view that enlarged prostate and its accompanying symptoms are associated with piles rather as a sequence than as a cause. He accounts for this by the fact that in such cases hæmorrhoids of very long standing are frequently found, and reminds readers of the close association of the two parts in vascular and nervous supply. In several cases relief to the bladder (prostatic) symptoms was secured by operating on the piles. One of Dr. Jelks' cases we quote:—

"C. C., aged 58, Memphis, Tenn., had sustained several injuries in the army of the Southern Confederacy, and since has been subjected to many irregularities of living. His trouble dates back 20 years, and he is reminded that the beginning of all his suffering and anxiety was obstinate constipation. He rather applied to my associate, Dr. Knox, for treatment of a prostatic trouble and insipid diabetes. He was required to rise five to eight times during the night to void his urine, which, when tested, demonstrated this enormous increase in quantity and frequency of its voidance to be a symptom rather than an organic disease of the kidneys. Being frightened at his condition, he readily accepted my promise of a probable benefit by the removal of his hæmorrhoids, which dated back to the beginning of his prostatic trouble. On March 2nd I operated, having to assist me Drs. Knox and Terril. A number of hæmorrhoids were removed, especial attention being given to one found at the base of the prostate. Here I wish to add that, in this case, a week before the operation, so much pain and tenderness was experienced in the region of the gland that his physician feared an approaching abscess. Digital touch per the rectum, or perineum, was excessively painful, especially the former, when the finger was made to impinge against the anterior wall. After tying and cutting away the tumours, carbolic acid was freely used, especially where there was any ulceration. April 9th he came into my office and stated that he was entirely relieved, and would not longer know he had a prostate, if he could forget the 20 years past of suffering.

"I do not know the exact extent to which this operation may reduce the size of the prostate in any given case, if at all. I am, however, prepared to say that, in a certain number of cases, benefit more or less permanent will be derived, as my limited experience goes to prove. Surely the earlier is the better to strike at any cause to remove or to ward off that sequence. How often we note that during the active stages of a gonorrhœal urethritis, especially when the deep urethra is involved, our patients call our attention to the sympathy indulged in by this contiguous organ, the rectum, which sympathy, indeed, often amounts to the hæmorrhoidal state, never previously experienced."

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### INFLUENZA AND MENTAL DISEASES.

DR. HORNER, of Cleveland (Ohio), gives an account of the work done in the Middletown State Homœopathic Hospital, specially dwelling on Dr. Talcott's report respecting insanity following

influenza. The fact is noteworthy, and the therapeutic suggestions are such as deserve careful consideration :—

"It has recently been of more than passing interest to alienists and neurologists to note the great frequency with which a history of the occurrence of grip may be found in the cases which come under their notice. Melancholia in particular seems to be very much influenced by it. It is necessary that we shall take particular care in looking after our patients, not alone during the time of their sickness with grip, but for weeks, and perhaps months afterwards. Dr. Talcott makes seven suggestions with regard to care which I think are worthy of copying verbatim :—

"1. Absolute, profound and long-continued rest in bed.

"2. Abundant hot liquid nourishment of the most stimulating and restoring nature.

"3. A warm and suitable temperature.

"4. Pure water, used profusely both internally and externally, combined with such amounts of heat as may be required.

"5. Purification of the blood, and re-establishment of normal and active circulation throughout the entire body.

"6. Passive exercise by means of massage, oil rubs, and alcohol and hot-water baths.

"7. Homœopathic medication scientifically and carefully applied."— *Med. Century*, Dec., 1898.

### THLASPI BURSA PASTORIS.

In the *Medical Century*, Dr. D. H. Stone collects some of the experiences published with the "Shepherd's Purse." We omit his cases on account of want of space. He writes :—

"This drug is so little known that the summing up of its characteristics, scattered as the latter are through different writings, together with clinical experience of my own, has appeared, to my mind, not altogether out of place. The general consensus of opinion as expressed by several writers seems to indicate the following :

"Generalities : An anti-hemorrhagic and good to assist in flushing out the urinary tract where sediment due to uric acid and urates is formed and retained. (Whether it cures the primary cause is another matter.) General œdema.

"Head : Swollen or puffy eyes and face. Frequent epistaxis of passive nature. (*Hale's New Remedies*.)

"Circulatory System : Hæmorrhage in uterine colic, with cancer at neck of uterus, and after miscarriage. (*British Journal of Homœopathy*.) Hæmorrhage with blood poor in fibrin. (*Presse Med. Belge*.)



"Gastro-Intestinal Tract: Chronic 'primary' diarrhœa. Hæmorrhage and muco-purulent discharge from bowel.

"Genitalia: Metrorrhagia at menopause; brown leucorrhœa; too frequent and too copious menstruation. (*British Journal of Homœopathy.*) Passive metrorrhagia, with too copious and frequent menses; tardy menses, caused by inertia of uterus; hæmorrhage with violent uterine colic, with cramps consequent upon abortion at menopause; and even when there is cancer of cervix. Menorrhagia of three years' standing: every menstruation with hæmorrhage. First day, barely shows; second, profuse flooding, severe colic, vomiting and expulsion of clots; flow continues from ten to fifteen days. Menses three days too soon; very profuse flow, uterine colic and discharge of clots. Hæmorrhage from cancer of cervix; hæmorrhage after abortion. (*Hale's New Remedies.*)

"Urinary Tract: Accumulation of gravel stones in the kidney, causing edema and bloody urine. Stricture of female urethra. (*Zeitsch. f. Erfahrungsheilk.*) Dysuria in the aged, with painful passage and spasmodic retention. (*Berlin Med. Zeit.*) Passive hæmaturia. (*Hale's New Remedies.*) A case of chronic hæmaturia is reported cured by Dr. S. A. Jones. (*Homœopathic Recorder*, January 15th, 1892.)

"Dr. Burnett's *Diseases of the Liver* contains mention of a case of gall-stones cured by thlaspi, the trouble starting originally, as the author thinks, in the uterus. He says that thlaspi affects the uterus as chelidonium does the liver. Dr. Harper, in the *Monthly Homœopathic Review* of October, 1888, mentions a long-standing case of muco-purulent bloody discharge from the bowel, cured by thlaspi.

"I have tried the drug in a large number of cases where retention of nitrogenous waste-matter was the principal difficulty, and have found it is of no assistance in eliminating urea and allied substances where the kidney is diseased, as in acute and chronic nephritis, and in cases of uremia occurring during gestation. It is of value in washing out accumulations of nitrogenous waste matter below the kidney, acting, as indicated by nearly all observers, as a diuretic. I have found it valuable in albuminuria occurring during gestation, where it aids both in reducing œdema (carrying off fluid by way of the urine), and in diminishing the amount of albumen in the urine."

#### COOKS ON DYSPESIA.

In a recent article upon this subject the head cook at Delmonico's declares (*Me. Jour. of Medicine and Science*) that indigestion has become such a common evil in the United States that he scarcely meets anyone who is not suffering more or less from some form of it. He thinks there

are various causes for this woeful condition, and first of all, Americans are in too much of a hurry to eat properly, and they err especially in eating too heavy breakfasts. Secondly, American women are not careful enough in selecting the food with which they supply their tables. As a rule they are content to do their marketing by order. On the other hand, the women of France and of Germany, in which countries dyspepsia is uncommon, all do their own marketing, having sufficient knowledge to select good meats and vegetables, and, moreover, in those countries all the women know how to cook. Then in France and Germany little attempt is made to keep food by use of ice, and the meat and vegetables are bought fresh each day. Ice-boxes and refrigerators cut no figure in the households of foreigners. This chef declares this subject to be worthy of very careful consideration.

Another celebrated cook said that if Americans "were more simple in their tastes and did not season their dishes so highly, they would have better health. There are plenty of fresh foods that belong to each particular season, but Americans crave all sorts of unseasonable foods, and these are preserved in cold storage until their nutritive properties are destroyed and they become indigestible."

Another chef, who receives a much larger salary than any college president in America, says that too much candy and ice cream for children lay the foundation of dyspepsia. In Europe children do not get candy, but in America weak stomachs, due to an over-indulgence in sweets, are a fruitful cause of dyspepsia, especially among young girls.

The cook who presides over the cuisine of the Waldorf-Astoria says that people in America eat too much meat, and that foods are kept too long. Men drink too much liquor instead of pure wines, and, worst of all, they mix their drinks. Americans eat too much at one time; they had better eat less and oftener. American breakfasts are altogether too heavy.

Another celebrated chef declared with considerable emphasis that if he were a doctor he would not allow his patients to eat hot buttered toast, and that as much dyspepsia was caused by toast and tea as by hot griddle cakes.—*Med. Century*, Dec., 1898.

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#### KEEN & ASHWELL'S ANNUAL DIARY AND CASE-BOOK.

WE have again received a copy of this useful diary and note-book, but it arrived too late to notice in our January issue.

Its plan has been described more than once in our pages, and it is well got up, and contains a useful selection of postal and other information.

## OBITUARY.

### JOHN PITNEY ASTON, L.S.A. Lond.

It is with deep regret that we have to record the death of Mr. J. P. Aston, who died at Eccleshill on Sunday, Jan. 15th.

Mr. J. P. Aston was a physician of the orthodox school with an extensive practice in Yorkshire, where he was Medical Officer of Health for his own district.

Through overwork he had to relinquish his practice for a time, and undertook the lighter labours of medical superintendent of the West of England "Hydro."

While there he became interested in treatment on homœopathic principles, and made a study of the literature of the subject. In order to have practical opportunities of watching the practice, he attended Dr. Percy Wilde's clinique at the Homœopathic Hospital at Bath, and was subsequently elected a member of the honorary staff.

His health having become restored, he returned to the field of his former labours, and made no secret of his belief in the principles of homœopathy.

This led to antagonism on the part of his former medical colleagues, and a public controversy took place in which Mr. Aston more than held his own. Some news of this controversy appeared in a homœopathic periodical, but instead of the praise being bestowed on the man who had so boldly supported the cause of homœopathy against the profession of Yorkshire, Mr. Aston was, perhaps, blamed for not more openly ranking himself amongst the adherents of homœopathy.

He was too large-minded a man to be hurt by this, but it did not impress him favourably with those responsible for the conduct of the homœopathic school as a body, and while believing in the truth of the law of similars he always declined to associate himself with the school.

Mr. Aston was always a fearless advocate of every principle he considered right, and was unsparing in the labour he would take to investigate the cause of truth. He was never a blind partisan, but would instantly admit a truth even from an opponent in the heat of controversy. He never stopped to consider on which side his interest lay, he stated what he believed to be true, and was equally ready to give an attentive hearing to his opponent.

In the early days of his study of homœopathy, he found it necessary to keep a bottle of *sacch. ust.* in the surgery to provide his remedies with that colour and taste which a

Yorkshireman thinks necessary to medicine. One day he prescribed some bryonia for a patient, and took down the sacch. ust. bottle to add the usual complement to his homœopathic remedy. "Ah," said the patient, "now I know you will do me good; I always get better when you use that bottle."

One of Mr. Aston's contributions to medical literature was *A Protest against the Exclusion of Homœopathic Works from the Library of the Royal College of Physicians*. This appeared in the *Lancet*, 1890.

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## CORRESPONDENCE.

### THE HOMŒOPATHIC DIRECTORY.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—In my letter kindly inserted in your last issue, I stated that the *Homœopathic Directory* was issued by the publishers of the *Homœopathic World*, "contrary to the wishes of the British Homœopathic Society and the British Homœopathic Congress."

But my letter, as it appears in your journal, makes me say that it was contrary to the wishes of *some members* of these bodies. This alteration destroys the whole point and purport of my letter. The British Homœopathic Congress came to a decision on the subject of the Homœopathic Directories at the meeting held at Birmingham some years ago. As a result of that decision, the three publishers of the then existing directories ceased to publish them, and the British Homœopathic Society undertook to publish a list of members, which would serve all the purposes of a directory. As a further result of this decision, a large number of practitioners were induced to join the Society, and it became the truly representative body which it is at present.

I referred therefore to the authoritative decision of the only representative bodies of the Homœopathic School, and not to the opinion of "some members."

In this lies the whole question. We are not confronted with the propriety, or otherwise, of allowing our names to be put into a directory, but whether we are to aid and abet in an attempt to treat the deliberate decision of our representative bodies with contempt.

If there are members who think that this decision was wrong, it is open to them to re-open the question, and let us

have an opportunity of hearing any fresh argument they have to offer.

Under the old plan, any qualified practitioner was at liberty to have his name put into the *Homœopathic Directory*, and he thereupon became a member of the Homœopathic School. As a result, one of the first names to appear in the list was a notorious advertising quack, who has since been struck off the medical register.

Under the present plan, every member of the school is elected, and in case of gross misbehaviour can be struck off the list of members.

The position of the Homœopathic School has steadily advanced since this decision was come to. It is perfectly evident that this attempt to flout the decision of the Congress would never have succeeded if the points at issue were known to those who were asked to put their names in a *Directory* "edited by a member of the British Homœopathic Society." They would hardly suppose that the name of the Society would be used in connection with an effort to render its deliberate policy impotent.

Unless we are prepared to loyally support our own Society it is perfectly hopeless to look for any advancement of the cause. Chaos may suit the purpose of the individual, it is never to the advantage of the majority.

Yours respectfully,

PERCY WILDE, M.D.

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### THE LATEST BOYCOTT.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Surely the editor of the *Homœopathic World* is inconsistent in refusing a notice of the Bath Homœopathic Hospital because the "chief medical officers" of that institution do not authorise the advertisement of their names and virtues in the *Homœopathic Directory*, in which he is interested. For the editor in question has allowed notices of the Liverpool Hahnemann Hospital and Dispensaries to appear, and constantly reports the proceedings of the British Homœopathic Society; and, if I mistake not, the "chief medical officers" of both these bodies do not appear, at least with their consent, in the pages of that misleading directory. Forewarned, forearmed; I for one shall not forward any report to be boycotted.

Yours, etc.,

JOHN D. HAYWARD,

President Liverpool Branch B.H.S.

## NOTICES TO CORRESPONDENTS.

\* \* *We cannot undertake to return rejected manuscripts.*

**AUTHORS and CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.**—Hours of attendance: **MEDICAL**, In-patients, 9.30; Out-patients, 2.0, daily; **SURGICAL**, Out-patients, Mondays, Thursdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Thursdays, 9 A.M.

Dr. EDMUND CAPPER, of Liverpool, has entered into partnership with Dr. GEORGE CLIFTON, of Leicester. His address is 6, Erington Road, Leicester.

A homœopathic practitioner is wanted at King's Lynn. Particulars may be obtained from Dr. DYCE BROWN. York is another unoccupied field.

Communications have been received from Dr. E. CAPPER (Leicester); Dr. P. WILDE (Bath); Mr. HURNDALL; Mr. KNOX SHAW; Dr. J. F. HAYWARD (Liverpool); Dr. PROCTOR (Birkenhead).

## BOOKS RECEIVED.

*The Porcelain Painter's Son. A Fantasy.* By Samuel Arthur Jones, M.D. Philadelphia: Boericke & Tafel. 1898.—*The Homœopathic World*. January. London.—*The Chemist and Druggist*. January. London.—*The Calcutta Journal of Medicine*. December.—*The North American Journal of Homœopathy*. January. New York.—*The Homœopathic Eye, Ear and Throat Journal*. January. New York.—*The Medical Times*. January. New York.—*The New England Medical Gazette*. January. Boston.—*The Hahnemannian Monthly*. January. Philadelphia.—*The Homœopathic Physician*. January. Philadelphia.—*The Medical Century*. December. Chicago.—*The Clinique*. December. Chicago.—*The American Medical Monthly*. December. Baltimore.—*The Medical Brief*. January. St. Louis.—*The Homœopathic Envoy*. January. Lancaster, Pa.—*The Homœopathic Recorder*. December. Lancaster.—*The Minneapolis Homœopathic Magazine*. December.—*The Pacific Coast Journal of Homœopathy*. December. San Francisco.—*Revue Homœopathique Française*. January. Paris.—*Revue Homœopathique Belge*. January. Brussels.—*Allgemeine Homœopathische Zeitung*. January. Leipzig.—*Homœopathische Maandblad*. January. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, Limited, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE TREATMENT OF CHRONIC URETHRITIS AND GLEET BY MEANS OF LOCAL APPLICATIONS OF EXTRACT OF HYDRASTIS.

By DUDLEY WRIGHT, F.R.C.S. Eng.

Assistant Surgeon and Surgeon for diseases of the throat and ear to  
the London Homœopathic Hospital.

THERE are few who have not met with cases of chronic gleet which seem to defy all forms of treatment, and drag on their weary course, taxing to the utmost the patience of both doctor and patient.

To such must come as a boon any means which in a fairly large percentage of cases will effect a moderately rapid and complete cure.

For some time past I have been using the liquid extract of hydrastis as a local application in these chronic cases, with the happiest results.

It is true that the method needs special and somewhat costly instruments, and that a certain amount of practice is necessary to acquire the requisite diagnostic and manipulative skill; at the same time it must be remembered that specially troublesome cases demand extra trouble and effort on the part of the medical attendant.

Before going further it will be well to enumerate the conditions which may keep up a gleet discharge. They are :—

- (a) Abnormally narrow meatus.
- (b) Stricture—single or multiple ; of large or small calibre.
- (c) Inflammatory areas in the urethral mucous membrane.
- (d) Granular patches in ditto.

It is very commonly supposed that if a gleet is very troublesome, a stricture is sure to be present. This is very far from being the case, though it is well to search for a stricture and make certain of its presence or absence before going further. This is best done by means of a conical-ended bougie, which passes easily through any stricture, but is caught on being withdrawn.

Next, as to an abnormally narrow meatus. This is very commonly present, and alone may be the cause of keeping up a chronic urethritis, and until the meatus is slit up further efforts in such a case will be of very little avail. A small band-like narrowing close to the meatus is also often met with, and will need incision.

In by far the largest number of cases the cause of the gleet will lie either in inflammatory areas or granular patches. These are easily distinguished with the urethroscope.

The former are left after the subsidence of acute inflammation, and are usually multiple and situated most frequently in the penile portion, especially about the peno-scrotal fold. They often give rise to irritation and a sensation of crawling in the urethra.

The granular patches may be looked upon as an advanced stage of the inflammatory areas. Infiltration of the submucous tissue having occurred, the patch becomes raised and irregular in shape. They ultimately lead to stricture by becoming organised into contractile fibrous tissue. They give rise to very troublesome gleet, and often produce reflex neuroses.

The method of treatment which I pursue in these cases, and which I have found so helpful, is as follows :—

Having first ascertained that there is no constriction of the meatus, I pass a large Lister's silver sound—one graduated from 9 to 12 is the size most convenient, but a larger one may be used if the urethra admits it.



This sound should be lubricated with an antiseptic soap and not with oil as is usually done. The soap has a property which oil has not, viz., it removes any mucus or discharge which may be adherent to the urethra. This will be found clinging to the sound on its withdrawal. The effect of passing the sound is not only to clear the passage, but its dilating action on any fibrous bands, etc., is also most beneficial. Having now cleared the urethra the endoscopic tube may be passed. This, likewise, should not be lubricated with oil, for this, once in contact with the lining membrane of the urethra, will form a barrier against the liquid to be subsequently applied. As a matter of fact I do not use oil for catheters, etc., for I am never satisfied that carbolic oil is aseptic, and prefer the use of glycerine to which has been added perchloride of mercury to the strength of 1 in 3,000.

Through the endoscopic tube we can now localise with ease and exactness every spot of congestion, or any granular areas. Each one of these should be dried with a mop of wool, and then another mop moistened with a mixture of equal parts of glycerine and liquid extract of hydrastis should be applied to the surface. Each spot having been treated thus, the sitting is at an end.

The applications may be made twice a week, and after a very short time they may be lessened in frequency as the diseased areas improve. In the intervals of treatment the patient may use an injection of the four sulphates.\* Internally, cannabis sativa, buchu 1x, iodide of sulphur, nux vomica, or sulphur are the remedies most indicated.

I should like here to say a few words regarding local applications to the urethra. The liquid extract I find far better than the tincture of hydrastis. The latter is, to my mind, valueless when applied locally. Soluble bougies of hydrastis or hydrastin have been much vaunted, but I cannot say that I have found them of much use. In the first place I think the oily nature of the base of all soluble bougies is against them, preventing the medicament from coming into contact

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\* R.—Alum sulph. gr. xxx., zinc sulph. gr. xxx., ferri sulph. gr. xx., cupri sulph. gr. ii., aquae ʒ viii.

with the mucous membrane. Another point regarding them which the late Mr. Berkeley Hill used to insist upon is, that being very slender, and very often medicated with substances soluble with difficulty in water, the remedy really does not reach the seat of disease when that lies at the bottom of creases or folds of the mucous membrane.

Lastly, I would say that I have found the local use of the hydrastis and glycerine to the prostatic portion of the urethra also beneficial in cases of chronic prostatitis when not of gouty origin. It can be applied through the prostatic endoscopic tube, and when this is passed the enlarged and inflamed caput gallinaginis often forms a prominent feature of the view. It should be well touched with the mixture, which should be left in contact with it for half a minute or so.

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#### ON THE IMMEDIATE RELIEF OF ACUTE PAIN.

By EDWARD BLAKE, M.D.

##### CASE I.—*Rheumatoid Arthritis of Left Hip and Left Knee.*

LADY C., aged 45. For more than three months acute pain and tenderness of inner aspect of left knee—chondritis of tibial head, with laming pain in left hip—myalgia of small rotators of the hip. Cure after six of Greville's Electro-thermic Baths at 31, Upper Seymour Street, W.

##### CASE II.—*Rheumatoid Arthritis of Left Hip and Left Knee.*

Dr. V., aged 57, is very gouty, has indeed had frank gout; he passes quantities of free uric acid, but only when in a mountainous district. For one month he has suffered from great pain and tenderness at the head of the left tibia (chondritis). The small rotators of the left hip are so stiff and painful that on turning his left toe out quickly, he falls to the ground. *Entirely cured after the third bath.*

It is customary to attribute the improvement in arthritic cases after hot-air treatment to elimination, but the benefit obtained is at times so prompt and so permanent that it is difficult to assign it wholly to tissue-cleansing. I have failed to detect any relationship between the

amount of relief and the amount of skin-action induced by the heat. On the other hand, I have observed that the diseases most certainly relieved are those associated with arterial spasm or else with chronic arteritis. The results of influenza, of gout, including renal disease, of atheroma, of syphilis, and of myxœdema, are good examples. If the arteries be shrunk, not only do the tissues supplied by them suffer, but the arterial walls themselves degenerate owing to want of blood supply, due to diminution or even occlusion of the *vasa vasorum*. The first effect of great heat is, as has been shown by George Oliver from actual admeasurements, to cause shrinking of the arteries; this presently is followed by dilatation much more persistent than the shrinkage.

These cases of diminished sectional area in the arteries are often complicated with distended heart. The heart and arteries must be viewed as practically being a set of sealed tubes, containing a certain quantity of blood, roughly about fifteen pounds. If we dilate the arteries we necessarily tend to void the heart, thus giving it a chance of regaining tone.

#### CASE III.—*Myositis Arthritica*.

Mr. L., aged 48, is a Member of Parliament, whom, during the past thirty years, I have attended for a great variety of gouty manifestations. For these he usually wants to fly off to Aix les Bains. I do not think he will want to go again.

He developed a severe pain in the left superior constrictor of his pharynx, giving him intense pain on swallowing. There was a slight rise of temperature. One of Greville's collars, with a temperature of 300° F. for 40 minutes, promptly and permanently removed the pain.

#### CASE IV.—*Obstruction of the Common Bile-duct*.

Mrs. Q., aged 51, had albuminuria without casts till the birth of her only child, 23 years ago. Since that time she has been prone to sudden blocking of the bile-duct, associated with the most excruciating pain, and followed by jaundice with intolerable general pruritus. These attacks have lasted with remissions from six days to six weeks.

In August, 1896, she had an attack which recurred for

five months, giving the utmost misery and leaving her a perfect wreck.

Repeated examinations of the dejecta have been made, not by means of a sieve, which would allow of the escape of small calculi, but by placing the stools in a large, lipped, conical glass vessel and pouring on the stirred mass a continuous stream of warm water.

A scrupulous microscopic examination of the residuum has been made on repeated occasions and always with a negative result ; so we may take it that these are attacks of acute closure of the duct, by some other method than by gall-stone. Plugs of cholesterin, plus leucocytes, and the *bacterium coli commune* cemented together by mucus are possible causes of obstruction. As such plugs would be disintegrated on falling into the duodenum they would not be recognised in the fæcal mass. There is no history of round-worm.

From her position this lady could and did command the best advice that could be obtained. But nothing ever gave more than the most temporary relief. Injections of anodynes produced new and alarming symptoms, without even soothing the existing trouble.

Snow fell in London on February 4th. Its presence has always exerted a most pernicious influence on this lady. On the 5th, the outlying country was quite white, and at 9 p.m. this patient was seized with intolerable agony referred to the gall-duct. The pain was so extreme that the upper extremities were thrown into violent convulsions, and there was constant ineffectual retching. She passed a night of indescribable torture.

At 3 p.m. next day, a Greville's electro-thermic saddle was applied in such a way as to enclose the whole liver, which was by this time enlarged and exceedingly tender—evidently poisoned by its own products. She soon experienced considerable relief, and presently the hideous pain was followed by a most blessed calm.

In an hour after the commencement of the thermic bath she began to feel very sick, and the hot-air appliance was removed. By 4.30 p.m. all the pain had ceased and there was no more return of it. It is pretty plain that the great heat relaxed the spasm of the gall-duct, causing fresh bile to flow, and the obstruction was washed by the bile into the duodenum. The vomiting corresponded in time with the detachment of the plug

and its passage along the bile-duct through the narrowest part, where it ends in the duodenum.

A notable fact, though possibly a mere coincidence, is that this lady enjoyed for the first time a complete immunity from cutaneous itching during the jaundice. The dilatation of the capillaries of the skin by the great heat may have prevented the deposit of bile acids in the cutaneous vessels.

Should a smaller apparatus be needed for purposes of poulticing, then The Electro-therm, which somewhat resembles a foot-warmer, and was brought before my notice by Charles Oliver, the well-known electrician, of 61, Wilson Street, Finsbury, would answer admirably. It is cheaper and cleaner than linseed meal, can be kept at any given temperature, and involves no exposure of the patient.

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## ON MALIGNANT DISEASE OF THE BODY OF THE UTERUS.

By GEORGE BURFORD, M.B.

Physician for Diseases of Women to the London Homœopathic Hospital.  
MALIGNANT disease of the corpus uteri occurs in four forms :—

*Carcinoma of the Uterus.*

*Malignant Adenoma of the Uterus.*

*Sarcoma of the Uterus.*

*Deciduoma Malignum.*

These four varieties stand in all essential qualities on the same plane ; they are all, clinically speaking, cancer of the uterus. The common factor and the cardinal point in each is the malignancy of the disease. This is always demonstrable by the clinical history and condition, reinforced by the evidence from microscopic examination.

But pathological examination adds little to the weight of a well-defined clinical history. This, when sufficiently developed, is of the first importance, and may convey the correct import when the pathological finding is ambiguous, or even negative.

Thus, in a discussion on this point at the British Gynæcological Society, a Chicago expert related a case

where the clinical history was sufficiently strong to warrant removal of the uterus. This was accordingly done, and the whole uterus placed in the hands of a pathologist for examination. His report was to the effect that no definite appearances of malignancy were present. But the clinical verdict was substantiated some months later by recurrence of the disease.

In a case under my own care, the clinical features of uterine disease were suggestive of malignancy. The uterus was well curetted, and the shreds submitted to pathological examination. The report was negative. The further progress of the disease was clearly one of sarcoma with metastases.

But where the clinical history is incomplete or dubious, the pathological affirmation of malignant characteristics is invaluable. And whenever pathological proof of malignancy is obtainable, at the hands of an expert, its verdict is final. And in any case, where evidence needs completion, it is a wise plan to curette, and to submit the curetted fragments to examination by a competent pathologist.

Thus in a case placed under my care by Dr. Purdom, of Croydon, the clinical symptoms of import were persistent and increasing menorrhagia and anæmia before the menopause, though with neither sapræmia, nor emaciation, nor cachexia. The uterus was curetted, and the fragments obtained submitted to Dr. Johnstone for examination. After careful research he reported the existence of evidence of sarcoma. The uterus was removed and, over an area not exceeding that of a florin, the location of commencing malignant disease was found.

In this case sarcomatous degeneration had developed during the history of hæmorrhagic endometritis; and short of the pathological proof, the uterine symptoms alone would not have warranted the diagnosis of malignancy.

#### *Malignant Uterine Disease at the Climacteric.*

Of all the diseased conditions that may simulate the events of an ordinary menopause, this is by far the most important. The earlier stages of malignant disease often counterfeit so exactly the average menopause as regards hæmorrhage, that discrimination, other than by local examination, is impossible. The fourth and fifth

decades of life, also the epoch of the menopause, are peculiarly liable to cancer, and numerous are the disastrous cases where cancerous manifestations have been construed as ordinary perturbations of the menopause. Therefore,

*In all cases at the menopausal age, where hæmorrhage is undue or persistent, a local examination is imperatively called for, to safeguard the interests of both patient and practitioner.*

The time-relations of the appearance of malignant disease at the menopause are threefold.

(1). Carcinoma may appear before the menopause has actually commenced, and its manifestations may insidiously supersede the excessive and frequent periods often occurring in pre-menopausal years.

(2). The hæmorrhage of carcinoma may first appear a few months after the cessation of menstruation, when the bleeding may simulate that irregular return of the period so commonly seen. Only local examination can decide, if suspicions arise, and these are usually excited by the frequency and persistence of slight hæmorrhage rather than by excess.

(3). Two years or more having elapsed since the last menstrual flow, uterine hæmorrhage recurs; at first slight and occasional, then more frequent, and occasionally excessive. This is almost certain to be of cancerous origin; the renewal of active growth in the uterus after a well-marked dormant period can only spell malignancy.

#### *Carcinoma of the Uterine Body.*

This is an affection usually of the menopausal age; the patients are older, and in a higher rank of life, than the victims of cervical cancer. The subjects of carcinoma corporis uteri are said to be generally virgins or nulliparæ; with this, however, my experience does not correspond, for the majority of my cases have been pluriparæ. The lesion is comparatively rare.

The local symptoms are mainly those of cervical carcinoma, with certain important modifications.

*Hæmorrhage*, when occurring after the menopause, is usually slight and continuous. When before the menopause, the bleeding simulates that from fibroids, and appears as profuse and prolonged menstruation.

*Pain* appears earlier than in cervical cancer, and may occur only in paroxysms, with intermissions.

*Leucorrhœa* is sometimes pinkish, sometimes non-sanguineous, and is often without offensive odour. In the later stages of the disease, when ulceration of the uterine wall is extensive, the secretions become malodorous. But carcinoma of the uterine body may continue even for years before fœtid discharge becomes noticeable.

In a case of cancer of the corpus uteri I saw with Dr. Cronin, of Clapham, the patient had ceased to menstruate for a year and a half; lately a pinkish leucorrhœal discharge had been noticed, never free and never offensive. The uterus was curetted, the fragments examined, and pronounced to be of cancerous origin. The uterus was removed, and a well-marked area of malignant infiltration demonstrated therein. Recovery ensued.

Of the constitutional symptoms, the earliest and most prominent is anæmia, due to blood losses; and neither loss of flesh nor cachexia occur until the disease is well advanced.

As to local changes, the uterine bulk may be only slightly increased, if at all; and the cervix is not affected until the corpus has become thoroughly diseased. *Bimanually*, the organ may be felt as nodulated, and unequal in the hardness or elasticity of its texture. In such a case the uterine walls are permeated throughout with infiltration, and the uterine interior is ulcerated.

Or again the uterus retains its symmetry of outline, and its smoothness of contour; the infiltration and ulceration are mainly of the mucous lining; and in the course of the disease a papillary tumour of some bulk may distend and occupy the uterine cavity. The mobility of the uterus is maintained until the disease is far advanced, parametric fixation being a late complication.

The cervix is unaltered to touch; on passing a probe into the uterus, the impression received is that of a rough irregular surface, of loose texture, into which the probe sinks readily. Free hæmorrhage usually follows.

The lesion is to be distinguished from (a) sloughing fibroid; here the tissue is firm, the leucorrhœal flux thin, not turbid, the cervix uteri patulous and soft; (b)



from retained products of gestation; in such case a history of conception is to be obtained.

Treatment will be considered with that of the other forms of malignant disease of the uterine body.

(To be continued.)

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## THE TREATMENT OF SOME UTERINE DISPLACEMENTS BY PHYSICAL EXERCISES.

By EDWIN A. NEATBY, M.D.,

Assistant Physician for Diseases of Women to the London  
Homœopathic Hospital.

It may read like a gratuitous exaggeration to state that this condition—uterine displacement—is not a gynæcological subject. If, however, the affirmation serve to attract attention and to displace from the medical mind the ruling idea that dislocation of the womb is a uterine disease, it will have answered its purpose and received its justification, at any rate as regards prolapse. As more or less falling is usually associated with backward bending, the two will not be here differentiated, it being understood that the remarks refer chiefly to the element of descent. Prolapsus uteri may be likened to hernia of the bowels, to which, in several respects, it is closely allied. Hernia depends as largely on the abdominal pressure as on the integrity of the abdominal walls. It is because of this that spontaneous cures occasionally take place and that drugs, such as *nux vom.* and *lycopod.*, which influence tension, are apparently of use in aiding the powers of nature to bring about a *restitutio ad integrum*. Of the usefulness of such medicinal aids, I suppose, no one familiar with the methods of Hahnemann in practice will doubt. Prolapsus uteri also depends mainly on the abdominal pressure and the integrity of the pelvic floor and peritoneal folds. Similarly, treatment, whether medicinal or other, must be directed to these points rather than to the uterus, which is mainly a passive object—a victim rather than an offender. With a plausible show of reason it may be objected that a large and heavy uterus must have more tendency to descend than a light and small one. *Ceteris paribus*, that may be so; in other words, with stretched and weakened supports this proposition may be granted.

It does not hold good, however, when the tissues of the various supports are sound. Like other healthy structures of the body, sound uterine supports respond to the demands made upon them. With an enlarging uterus, they will, if sound, hypertrophy and fulfil their functions, as is constantly seen in normal pregnancy and myoma uteri.

The delusion that a weak back, a weak belly, or a weak ankle, needs artificial support is one which dies hard, and among the public is still very much alive. Thanks to the labours of the great gymnasiarch Ling, in Sweden, and to Georgii and Mathias Roth, in this country, the darkness in the profession has been dispelled, and even orthopædists, so fond of lading backs with burdens grievous to be borne, have abandoned their weighty supports in favour of an appeal to the vitality of the delinquent tissues. Gynæcology, so conspicuous of late years in the van of progress on the side of surgery, is not behind in the matter of gymnastics, and has won for itself a considerable meed of praise in many cases intractable to medicine.

Let us enumerate categorically the various parts, structures, tissues, or organs, upon which we seek to act, so as directly or indirectly to benefit a woman said to be suffering from uterine displacement.

THE PELVIS may first be considered. Here we must mention :—

1. Pelvic floor ; other muscles.
2. Vagina.
3. Peritoneal folds forming ligaments.
4. Round ligaments.
5. Blood vessels.
6. Connective tissue.
7. Fat.

THE ABDOMEN proper comes next :—

1. Intestines,
2. Liver,
3. Abdominal walls here demand notice.

THE CHEST, as most remote from the seat of action comes last, but it is doubtful if we ought to consider it as least in importance. We name only here :—

1. The lungs.

It is not the object of this study to furnish a detailed, complete and complex description of the anatomy of the female pelvis for scholastic purposes, nor on the other hand to supply the beginner with a working outline of it. It will only be necessary to allude to the points of importance clinically.

The pelvic floor is a muscular structure formed chiefly by the pyriformis, coccygeus, levator ani on each side meeting in the middle line and uniting with the sphincter ani and other muscles to form the perinæal body. To these may be added, practically speaking, the lowest piece of the vagina and rectum as they curve forward. These are all parts more or less under control of the will, and may be trained systematically by the patient and her physician. The same may be said of the other muscles passing from pelvis to femur, or to the same destination from the spine, *viâ* the pelvis. These are the obturators and the ilio-psoas.

It is quite otherwise with the remainder of the pelvic structures enumerated. They are entirely beyond voluntary control, but they are not for this reason beyond the reach of indirect influences at the disposal of the physician. The vagina is a muscular cylinder with the perinæum as a base at its posterior part. It differs from a metal support in an engineering structure in that it depends only in small part on its base. Its support is supplied on all sides by the contiguous organs, and especially by the immediately surrounding and adherent connective tissue. It is a fact with which all gynæcologists are familiar that the perinæum may be badly ruptured without a prolapse occurring if the tone of the vaginal walls and surrounding tissues is maintained; and conversely that the perinæum may be intact and yet serious prolapse be present, as seen in many cases of prolapse in nulliparous women. A lax state of the vaginal walls causes it to shorten by collapsing in segments like a telescope, so dragging down the uterus.

The deprivation of fat which the pelvis undergoes is not always in proportion with general emaciation. In women fairly well nourished about the body, and with plenty of abdominal fat, I have been able to map out the limits of the obturators with quite unusual ease. The damage which parturition may do to the fibrous tissues is sometimes shown by the state of the perinæal body.

While its superficial area remains undiminished, the thickness and firmness of the structure may be lost, and the part so atrophied from pressure and stretching that only a lamina of skin and mucous membrane is left. No scarring is noticeable, for no breach of surface has been made. Similar injury may be done to the rest of the pelvic connective tissue.

That the nutrition of all the tissues depends largely on the state of the circulatory apparatus, including the local blood vessels, is sufficiently obvious. Any method, medicinal or physical, which will act favourably on the circulation of a part, must of necessity improve its nutrition and enhance its functioning capacity. This is strongly realised by the teachers of gymnastics, both educational and medical. It was especially remarked by Dr. Byres Moir and myself when visiting last year the State Central Institute at Stockholm, that when we enquired as to the *rationale* of any particular movement or method, its benefits were attributed, by the medical officers of that exceptionally fine organisation, to changes induced in the blood-vascular system of the part. In passing, I may remark that these gentlemen, as well as Dr. Arvedson, the Director of a very flourishing and carefully conducted medical gymnasium, are most particular in adapting the means to the end. The element of charlatanry, which sometimes tends to attach itself to the treatment by massage and movements in this country, is there conspicuously absent. Smallpox and broken legs are not among the list of maladies cured by gymnastics in any form!

Turning now to the abdominal cavity proper, it is only necessary to mention that the degrees of distension of the bowels with gas, the degree of fulness of the portal and systemic vessels, and the tenseness or laxity of the abdominal walls are all associated with the integrity of the pelvic viscera. The pressure of the parietes applied evenly all round, tends to keep the abdominal contents in place, and to prevent them from crowding down into the pelvis. Howard Kelly has shown how closely applied to the sacral promontory and bodies of lumbar vertebræ is the anterior wall of the abdomen. Its muscles when in action can exercise an even, elastic, but definite pressure on the vena cava through the medium of the interposed intestines.

Although the largest veins—the cava and iliacs—are not usually supplied with valves, their branches commonly are, and by the aid of these, muscular pressure will facilitate the venous return. Muscular action, too, involves an increased blood-supply to the part; increased flow to and from a part favours, as we have already remarked, its development and power. This is participated in by the surrounding parts, which share the stimulus to the circulation imparted to the muscles. It is in this indirect manner that the non-muscular pelvic tissues receive benefit by muscular action.

Lastly, the thorough expansion of the lungs must always be of the utmost use in removing any tendency to sluggishness in the abdominal or pelvic circulation. Deep breathing, then, is a valuable therapeutic measure.

We are now in a position to enumerate the various exercises which are designed to influence the different tissues already alluded to. Stated in anatomical order they are as follows:—

1. **THE CHEST EXERCISES:** Several different positions for these are shown in figures 1—3. In addition to these, flexion and extension with resistance, at the elbow joint, are useful; also abduction and adduction of the arms from and to the middle line, starting from a position with the arms together extended in front on a level with the shoulder joint and returning to the same position.

2.—**THE ABDOMINAL AND LEG EXERCISES:**

a. **Massage.**

b. Abduction of knees with resistance by the operator. The patient lies, or sits in the reclining posture, and the operator stands at the foot or side.

c. Adduction by the operator, the patient resisting, while lying in the same position. See figure 4.\*

d. The same exercises as “b” and “c,” performed with the pelvis raised (by the patient) from the couch. Fig. 5.

e. While “d” is being executed the patient should be told strongly to contract her vaginal and rectal sphincters. This may be explained to a patient as the opposite action to “bearing down” or “straining as for an action of the bowels.”

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\* From Wide's *Traite de Gym. Méd. Suéd.*

- \*f. Flexing the knee, the patient lying on the back and the operator resisting by placing the hand on the knee.
- \*g. The operator raises the patient's trunk from the couch by placing the hand under the shoulders, the patient resisting.

3. SACRAL PERCUSSION: While the patient stands, or lies on her face, the operator strikes the sacrum and lower lumbar spaces with the ulnar edge of the closed fist. The movement is begun slowly and gradually increased in rapidity, slowing off again gradually.

4. INTRAPELVIC EXERCISES: If no retro-deviation exists this is not practised. Indeed, until the other exercises have proved inadequate, I do not advise the "internal" treatment. The only manipulation performed is the restoration of the uterus by finger or sound to the forward position. The medical man then places his finger on the fundus which is pushed up by the finger in the vagina. The operator (or nurse) then presses down her hands, one on each side of the fundus, and endeavours, by bringing the hands together towards the middle line, to grasp the body of the uterus. When grasped, the operator then drags it upward and forwards in the pelvic axis with a fine vibratory movement.

Most of these movements are done 10 times each as the patient can bear them. Care is taken that the patient keeps warm and is not over-fatigued. Breathing must proceed freely while the exercises are being done. Deep breathing should be practised during the day several times, apart from the operator. I usually advise spells of 10 taken four times a day at stated times.

The lung expansion needs no further mention. Abduction and adduction ("b" or "c," ) of thighs, *with knees flexed*, bring into play the pelvic *intrinsic* muscles—the external rotators; "d" brings into play the extensors, notably the gluteus max., supplied by branches of the internal iliac artery; "e" calls into action the sphincter and levator ani; "f" involves the exercise of the ilio-psoas muscles; "g" strengthens the lumbar and dorsal muscles.

Percussion and vibration: the action of these is not so easily explained. There can be no doubt they induce

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\* Recommended to me by Mr. Alan Broman.

# DR. NEATBY'S PAPER ON PHYSICAL EXERCISES.

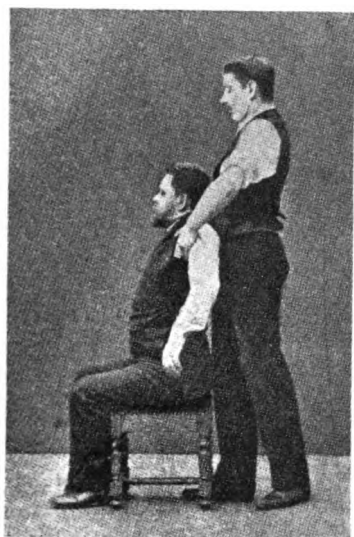


Fig. 1.

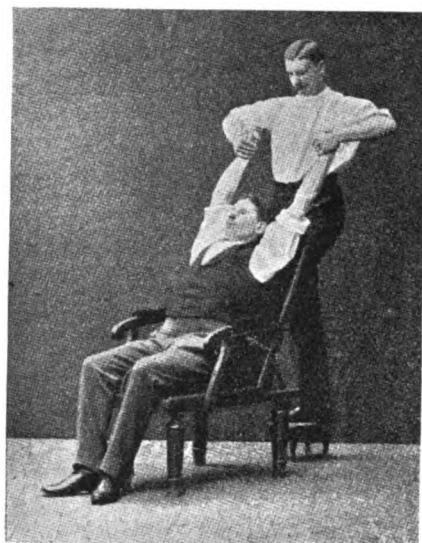


Fig. 2.

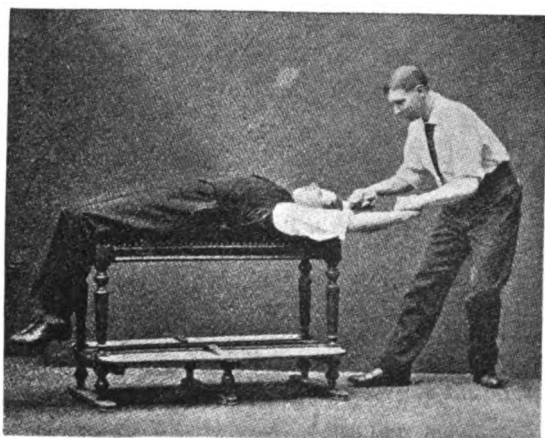


Fig. 3.

# DR. NEATBY'S PAPER ON PHYSICAL EXERCISES.

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Fig. 4.



Fig. 5.



some trophic molecular change, as was shown by Dr. Mortimer Glanville years ago when his "percuteur" was invented. The elevation of the uterus, if properly done, should put on stretch the broad and round ligaments, and stimulate them to reaction.

The question of first importance is "what are the practical results of this treatment?" In answering this query, there are two or three important points to be borne in mind. Firstly, it should be used in a somewhat limited class of cases, and with certain reservations expressed or understood. The slightest cases, where the symptoms are chiefly subjective (though nevertheless distressing), do not require such troublesome methods of treatment. Drugs alone and ordinary hygiene will have a good chance of succeeding in these cases. I am very far from being sceptical as to the benefit of drugs in pelvic diseases. Seventeen years' experience of homœopathic treatment, some of them spent in laborious symptom-hunting, do not beget unbelief. But they should cause a clearer knowledge of where drugs require supplementing and a widened view respecting agents which will help drug action and benefit patients.

So far from my experience throwing discredit on homœo-therapeutics, I am perfectly sure that in these very cases the sphere of drugs in lessening abdominal pressure is one of the highest importance. The more the mind is de-centered from the uterus as an object of treatment, and the whole of the organs and tissues referred to earlier, taken into one's purview, the more good drugs will do, whether alone or as accessories.

To return: the minor cases do not necessitate gymnastic exercises; the severest ones, where much local damage is done, can better be met by surgery. The field, then, for kinetic treatment covers the intermediate class. In these cases it is remarkably successful.

Some years ago, with more leisure, I paid a good deal of personal attention to this work, and in conjunction with a staff of district nurses treated a considerable number of poor cases of a severe type. Many of these had badly lacerated perinæa, and consequently required, and underwent, in addition to the exercises, the operation of perinæorrhaphy. These old cases I shall not refer to in detail at all, and will only say that I heard a few weeks ago from one of them, now living in Bedford. She had a

protruding uterus and bad backache. In sending me a patient she mentioned that she herself was remarkably well.

In October, 1897, K. S., æt. 33, came under treatment for backache. Her youngest child was nearly 3 years old. At her first confinement, about ten years previously, she had had a laceration of the perinæum, but only since weaning her last baby had she been in any way ailing. She complained of constant tiredness, sacral aching, pressure down in the vagina on standing, and bland leucorrhœa. For six or seven months, treatment by medicines, pessaries, tampons, &c., was carefully carried out. The uterus, which in October, 1897, was found strongly retroflexed and heavy, measured  $3\frac{1}{2}$  inches. It became smaller and firmer, but the flexion and the symptoms remained. At the end of April, 1898, a course of exercises was begun, and the uterus, after seven weeks' treatment, was smaller and sufficiently firm to be replaced by the fingers. The flexion persisted and the right ovary was noticed to be prolapsed, but not tender. The body weight had increased from 8 st. 7 lbs. to 9 st.  $4\frac{1}{2}$  lbs. Could walk very much better. In July, 1898, patient reports "no symptoms now; no dysmenia or backache. Walks with comfort and does not feel tired at the end of the day; was formerly tired all day long." She volunteered the information that her "eyes were much better lately." The flexion remained, but the patient looked and expressed herself as quite well.

R. M., æt. 24. In August, 1897, came for menorrhagia, more since birth of first child in the spring; she had retroflexion and sacral aching; uterus also descended too far on straining. Some improvement followed medical treatment, but in January, 1898, the same condition, with indigestion, was reported; excessive hunger, acidity, weight and tenderness in epigastrium.

Pessaries, douches and tampons were used for a long time (until May 1898); as a rule the flexion recurred in spite of the pessary. In May, exercises were begun, and after six weeks, *i.e.*, in June, the patient had less lumbosacral pain; she walked better—for over one hour at a time without fatigue.

The menorrhagia was less free, and although the uterus was still flexed the general condition and local pain were much better.

Miss M. W., æt. 17, kindly sent to me by Dr. Dyce Brown. Had suffered from bad menstrual pain from its first onset, and the pain was gradually getting worse. It often was of the intermenstrual character, but had distinct periodicity. It was extremely severe, and confined patient to bed for one to three days. Vomiting accompanied it, but did not relieve. In the intervals the health was good, though each attack of pain left the patient pale and pinched and weak for some days. Ultimately the pain became so bad and so completely resisted constitutional treatment during the intervals; and specially selected medicines for the pain given at the time, that on several occasions morphia had to be given. When this point was reached I obtained permission to make a rectal examination, and found a very complete retroversion. Both ovaries were dragged down and lay one on each side of the uterus in Douglas' pouch. Exercises were at once begun, and from the very first improvement set in.

After three months all pain at and between the periods had stopped, and for nearly a year now has not returned. After several months' freedom from pain I made a second rectal examination, and found both uterus and ovaries in the normal position.

This case I have reported from memory, as I have no time to refer to the friends for dates, &c., and I have mislaid the account I wrote out at the time.

My experience with hospital out-patients has not been quite so good. In the case of J. M., a delicate, badly nourished young woman, sent to me by Dr. Lambert, the exercises, carefully and thoroughly carried out, appeared to prove a failure. The condition was retroflexion and prolapse, and pain in the left iliac region; backache and headache were conspicuous features. Pessaries were still more of a failure; those large enough to stay in caused pain; those small enough to be easy came out! Still here, even, general health improved, and finally after the exercises had been discontinued, much improvement and a gain in flesh occurred, while the pains also decidedly lessened. The uterus remained displaced.

Mrs. R., also an out-patient, on the other hand, gained great benefit as regards the usual bearing down and backache. In her case the exercises could only be given

at irregular and too great intervals. They were prolonged on and off for nearly three months. She discontinued treatment, able to do her usual work, and without a pessary.

IN CONCLUSION: 1. To anticipate criticism let me point out that this paper is only about treatment and facts connected with it. Indeed, one form of treatment only is under consideration.

2. The paper is admittedly and intentionally one-sided; the object of this is to direct attention elsewhere than to the uterus.

3. Other forms of treatment are not excluded, unless, indeed, it be that by pessaries. Whether it is ever advantageous to use a pessary whilst the exercises are being done, I have not yet made up my mind. Theoretically it should not be done, practically—*nous verrons*.

4. For convenience I append separately a list of exercises in gymnastic language.

#### PELVIC EXERCISES.

1. Sitting. Arm flexion and extension upwards, with resistance.
2. Sitting. Flexion and extension at elbow, wrist and shoulder with resistance.
3. Sitting. Adduction, abduction and circumduction of arm.
4. Sitting, with arms extended forward; arm parting with resistance.
5. Lying on back. Abdominal massage.
6. Lying on back. Knee abduction, operator resisting; knee adduction, patient resisting.
7. The same as 6, with elevation of pelvis.
8. Lying on back. Knee flexion, operator resisting; knee extension, patient resisting.
9. Lying on back. Trunk raising, patient resisting.
10. Lying prone. Sacral percussion.
11. The same in standing position.
12. Deep respiration.

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## A RAPIDLY FATAL CASE OF TETANUS FOLLOWING AN OPERATION FOR HÆMORRHOIDS.

By C. KNOX SHAW,

Surgeon to the London Homœopathic Hospital; Consulting Surgeon to the Buchanan Hospital, etc.

In these days of aseptic surgery one is apt to overlook the possibilities of the rarer forms of septic infection. Modern technique has all but banished sepsis from primary wounds, so that it becomes a most unpleasant shock when one is suddenly brought face to face with a grave and rapidly fatal case of tetanus. It is more than twenty years since I have seen a case, and I had come to look upon it as a disease almost impossible to follow any simple operation, where the existence of traumatic earth infection might be excluded. In the light of our present knowledge we may consider that "idiopathic tetanus" does not exist, but that in all cases there must have been an entry beneath the skin, or mucous membrane, of the tetanus bacillus, and that the nervous symptoms which follow this infection are produced by a poison produced at, and absorbed from, the seat of inoculation. Hence it is that, owing to thorough sterilization of the seat of the operation, and of the instruments and appliances used in its performance, we manage

not only to prevent staphylococcic and streptococcic infection, but that rarer toxic infective process produced by the tetanus bacillus.

Tetanus seems to have followed all sorts and kinds of operations, those of great magnitude as well as those considered to be of a minor nature, such as this case—hæmorrhoids.

S.L., aged 20, a shop assistant, a delicate, neurotic man, was admitted to the Buchanan Hospital, St. Leonard's, on January 3rd, 1899, under Mr. Frank Shaw, suffering from fissure and hæmorrhoids, which gave him much pain and prevented sleep. He was ordered a cocaine suppository at night, and was much relieved, so that he slept better, had less irritation, and gained in weight. Owing to the illness of my brother, I was asked to operate on him on January 14th. The sphincter was dilated, and the rectum mopped out with carbolic swabs. Three piles were then ligatured in the usual way, next the "sentinel" pile at the base of the fissure was removed with scissors, and the unhealthy granulation of the ulcer scraped with a sharp spoon. Iodoform was dusted on, and a dressing applied. For the next five days he greatly improved and slept well. On the evening of the 19th his temperature, which had been normal, rose to  $99.2^{\circ}$ , but he was bright and cheerful. At twelve o'clock he was awakened by the night nurse to have a dose of aperient medicine preparatory to his first enema the following morning. He then complained of stiffness in his neck and jaws, and a difficulty in swallowing. He did not sleep much after this, and was in a good deal of pain all night. In the morning his temperature was  $98.2^{\circ}$ , and pulse 100. The enema acted well and without pain. He still complained of much pain in the neck, the muscles of which were very rigid, and the head retracted. The dysphagia increased. Dr. Shirliff, who was attending him, now ordered strychnia and gelsemium alternately. By the evening swallowing had become so difficult he was ordered nutrient suppositories. He was so sleepless and restless that a subcutaneous injection of morphia was given, which gave him two hours' rest. Early in the morning of the 21st he began to complain of cramp in both legs with rigidity of the muscles of the limbs. His pulse was now 126. His face was

deeply flushed, the *risus sardonicus* was most marked, he sweated profusely, and was much troubled with frothy mucus collected about his mouth. The rigidity of the limbs increased during the morning, but there were but few actual spasms till about 12 o'clock, when the respiratory muscles became involved, and breathing became difficult and hurried. Soon any movement brought on a spasm, and he now became cyanosed in them. Some anti-tetanic serum had been sent for, and at 3.30, when I saw him, 20 c.c. had just been injected. Dr. Shirtliff described the attacks as coming on with the patient complaining of severe pain all over; he then had fixed and staring gaze, and dilatation of the pupil; his appearance was most horrible and distressing, his face twitched, his whole body jerked, his face became livid, and he apparently ceased to breathe, and his pulse fell from 140 to 60. When the spasm subsided there was a tremor of the right arm and leg. In the intervals between the earlier spasms he was quite conscious, but as they increased in severity he gradually got worse and died at seven o'clock, forty-three hours after the symptoms first showed themselves.

When I saw him he was practically dying; there was no sign of any inflammatory process around the abscess, but a capillary-tube-ful of some secretion about the seat of the ulcer was taken for investigation. Experiment has shown that there is marked absence of local re-action where the bacilli are introduced, and that if there is pus, some of the other sepsis-producing germs are present. The Clinical Research Association examined the fluid and reported that the "fluid was treated in a suitable manner, and for the proper time for sporing to take place, and then all non-sporing organisms present were destroyed by exposure to 80° C. for 15 minutes, and the material was then inoculated into suitable nutrient media, and incubated anaërobically. But at no period during the investigations have we succeeded in obtaining any organism which corresponds morphologically with the *bacillus tetani*." Thus we have no bacteriological evidence of the disease, but the clinical symptoms were; alas, painfully self-evident.

This case is another instance of the well-known observation that the shorter the incubation period, the

more severe the disease, and the worse the progress. In fact it is stated that where the period of incubation is under ten days, the death rate varies from 95.5 to 97 per cent.

The treatment of these acute cases, as evidenced by such a mortality as that just quoted, is most unsatisfactory, and homœopathically administered remedies do not seem to have done more than the more powerfully acting physiological remedies of the old school. Dr. Shirliff's prescription of gelsemium and strychnia was the most allied, pathogenetically, to the symptoms. In these rapid cases the toxin produced by the bacillus overwhelmingly floods the nervous centres and saturates the patient with the poison. During the experimental investigation into tetanus a serum was discovered which rendered subjects previously injected with it, and subsequently infected with the tetanus poison, immune. It has been used with a certain amount of success, but mostly in the more chronic cases. But Sims Woodhead points out that "the quantity of serum required for a successful result after local symptoms have commenced is at least one to two thousand times greater than that required to confer an antecedent immunity." Dr. Shirliff had sent for the serum within twenty four hours of the first symptom, and gave a full injection of 20 c.c., but the disease had progressed already too far for it to be of much avail. Comparisons have been made between the want of success in the use of the anti-tetanic serum and the success of the anti-toxin in diphtheria. But they really cannot be compared. In both cases the toxin produced by the respective bacilli acts upon the nervous centres, in one case producing spasm, and in the other paralysis, but the primary local manifestations are not comparable. In most cases of tetanus there are no local manifestations whatever, and the first warning we have is when the toxin has reached the nerve centres; hence it is impossible to circulate the anti-toxic agent until the toxin has penetrated far and wide. In diphtheria we see the local manifestation at once in the throat, and are thereby able to prepare the blood before the products of the bacillus are freely established. We shall not, therefore, be successful with the anti-tetanic serum until we can discover the very earliest sign of the local infection.



In a case like this we shall not have done our duty until we have made a careful investigation into the cause of the infection. This is the first case that has ever occurred in the Buchanan Hospital; so it was not endemic. On the same day as I operated on this man, I performed two other operations—this being the last. The same instruments, appliances, silk, &c., were used in all three cases, the instruments being sterilized by boiling, between each operation. The first two made an aseptic recovery. It would therefore appear as if we might exclude instruments and silk, and the surgeon's and assistant's fingers. It is said that the horse is the natural host of the tetanus bacillus, which is found and spread in the dung of the animal. I have wondered whether in this case the bacillus may not have been living in the intestinal canal of the patient.

I am much indebted to Dr. Shirtliff, and to Miss Ransford, matron of the Buchanan Hospital, for notes of this interesting case.

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### FEVER OF ACONITE—AND COMPARISON WITH FEVERS OF OTHER REMEDIES.\*

By Dr. DAHLKE, of Berlin.

Translated by JAMES JOHNSTONE, F.R.C.S., etc.,

Assistant Surgeon and Assistant Physician for Diseases of Women,  
London Homœopathic Hospital.

#### *Characteristics of Aconite Fever.*

Rapidly setting in; continuous fever; reaching its climax quickly, and remaining there throughout without any or with very slight modifications; hot dry skin; pulse hard and full; flushed face; restlessness, fear of death, constant tossing about, though each movement causes a shivering; general nervous sensitiveness, pains are unbearable. Thirst for cold water. Symptoms worse during the night, specially in the evening. Quick catching breathing.

The aconite fever is uncomplicated. It consists only of one fierce attack. It shows no inclination to exudation, none to formation of pus, none to go over to

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\* Extract from "Aconite" Specimen Drug. Published by the Berlin Homœopathic Society (*Zeit. Berl. Ver. Homœop. Aertze* xvii. Jan., 1898..

the typhoid condition. If the drug does not become master at the onset of the disease, then other remedies must take its place.

**Therapeutical application.** Fevers due to cold, particularly from dry cold winds; irritative fever, from worms, teething, mental excitement, fright and anger; suppressed secretions following cold or mental effects (suppressed perspiration and menstruation, milk fever); sunstroke. Constitution of the aconite patient is found mostly in healthy, full-blooded, chiefly young persons.

**Time of application :** at the earliest onset, before the illness has become localised. As soon as localisation has taken place, the indication for aconite ceases and it can only be used as an accompanying remedy, for instance, in many cases of diphtheria.

**Comparison with the fever remedies most in use.**

*Apis.*—Great lassitude from the onset, perspiration and temperature unevenly distributed; worse towards 3 p.m. No thirst during shivering.

Inclination to serous exudations, (meninges, pleurae, ovaries, joints) to fibrinous exudations (throat, heart valves) to oedematous swellings, pain in region of heart apex and through to the back in both sides of the chest. Sudden waking, particularly after short sleep, with tightness in the chest, sensation of suffocation (heart diseases, joint rheumatism passing to the heart, bronchitis in nervous persons), (compare lachesis, during falling asleep, sudden startings with sensation of suffocation in consequence of palpitation or choking in throat; sambuc. and spongia, starting with suffocation in deep sleep). Intermittent and typhoid fever; fever after suppressed acute eruptions, diphtheria.

*Arsenicum.*—High fever (calor mordax); dry skin; thirst; frequent drinking, hasty and in small quantities; restlessness; fear of death, worse after midnight. Often in company with intestinal symptoms (vomiting, food lying like a lump in stomach). Fever, generally with some deep-seated underlying cause; intermittent fevers; typhoid; septic fever, with acid urine and much weakness. Exceptions: gastric fever in children; remittent typhoid, protracted cases. Continued fever in scrofulous children without definite cause.

*Ammon. Mur.*—Commencing influenza; moderate fever; languid; depressed; chills and heats inter-

changing; cold in the back. Known in Egypt as the great remedy in epidemic fevers due to changes in seasons.

*Baptisia*.—Initial state of typhoid fever; nervous and cerebral symptoms prevail (feeling as if he were two persons, as if his body were in pieces); fever increases from day to day; sleepy appearance; white tongue, red edges, or a brown stripe in middle. The severe forms of baptisia fever do not come under consideration here.

*Belladonna*.—Acute onset, red swollen face, bloodshot eyes; brain complications a characteristic symptom (pulsation in head, wild delirium, delusions); steaming perspiration, which, however, has not special importance as in aconite; full hard pulse; extreme sensitiveness; symptoms right sided, white tongue, raised papillæ, children and full blooded persons. Scarlatina, colds, milk fever; delayed menstruation; irritation fever.

*Bryonia*.—Continued fever, red face, pallor and fainting in sitting up; great lassitude and pain over whole body, with fear of movement, sticking pains; lies best on painful side; thirst for water in large quantities; dry cracked lips, dry furred tongue; great irritability; intense headache; inclination to pass into typhoid condition or to serous exudations (meninges, pleurae, appendix vermiformis, joints). Rheumatic, catarrhal, gastric fevers; eruptions coming out slowly; suppression of milk or menstrual flow. Fever after anger, cold drinking in heated condition.

*Causticum*.—Influenza fever; general lassitude and pain in all limbs; much cold, often one-sided; cough better after drinking cold water. Inclination to paralysis for example, in the eyes (Ptosis), in larynx (complete loss of voice); in bladder (micturition during coughing); in rectum (can only relieve the bowel on standing). Weak sallow persons. Chill from dry cold weather.

*Chamomilla*.—Chills and heat interchangeable; one cheek red, the other pale. Nervous heat with warm perspiration in face and head. Nose stuffed, chest full of mucus, tickling cough at night. Children and people sensitive to pain. Easily irritated and with peevish answer. Children want to be carried about. Worse at night and when warm. Therapeutics: chills, irritative and gastric bilious fever (feeling of weight in epigastrium).

*China*.—Fever characterised by periodical crises, worse every other day. Cause either malaria or chronic suppuration (hectic fever); typhoid fever after loss of blood, with tympanitis and bad-smelling stools; fever in children with catarrhal jaundice. In uncomplicated acute fevers very profuse perspiration is an indication for china. In gastric fevers the indication is liver complication (icterus).

*Digitalis*.—Very languid, sleepy; pulse increased by every movement; sudden flushes of heat followed by weakness. Larynx filled with mucus; pain in region gall bladder; sudden pressure in bladder. Bronchitis in the young, aged, and enfeebled.

*Eupatorium Perfol.*—Influenza fever, coryza, sneezing, and intense headache; severe pains in limbs, breakbone pains, impelled to move. Intermittent fever with same symptoms in head and limbs. Shiverings starting in the back; bilious vomiting at end of hot stage; thirst; gouty fever.

*Ferrum Phosph.*—Rather acute in onset, inflammatory diseases (pneumonia, enteritis, articular rheumatism). Full pulse, rather soft. Excretions streaked with blood. Patient looks well.

*Gelsemium*.—Influenza fever, setting in during damp relaxing weather; very weak, pain all over; drowsy, dull, flushed aspect, heavy head, soft pulse; inclined to pass into typhoid condition. Intermittent fevers with above symptoms. Cold running down the back.

*Iodine*.—High fever, dry skin, thirst, red spots on the cheeks, pulsating headache. Throbbing all over body, pulse full, hard; extreme restlessness and excitement, interchanging with apathy; illness is localised (hepatization in second stage of pneumonia, meningitis, plastic exudation in larynx, glandular and pancreatic disease). Striking combination of symptoms, *e.g.*, "Must eat often, becomes anxious and irritable if he does not eat, but loses in weight notwithstanding." Suited more for chronic conditions.

*Merc. Sol. and Virus*.—Catarrhal fever, epidemic in wet cold weather; acid mucous running from nose, racking cough, bronchitis; night sweats with bad smell, without relief; irritative fever (worms); inflammatory fever (swelling of glands and glandular tissues with sup-

puration ; pneumonia, gastritis with bilious symptoms and mercurial tongue).

*Nux Vom.*—Catarrhal fever in first stage, before localization, in consequence of damp cold weather or through sitting on cold stones ; nose stuffed, but yet running, dull headache ; rheumatic fever, large joints specially attacked ; gastric bilious fever, obstinate constipation or small mucous stool with tenesmus ; intermittent fevers, with numerous gastric and bilious symptoms in the non-febrile stage. Thin irritable persons ; after the abuse of alcohol ; worse in morning ; every pain induces defæcation.

*Opium.*—High fever, burning all over body, though bathed in perspiration ; deep red complexion, unconsciousness, snoring, starting in limbs ; fever as result of fright ; irritation fever arising from intestine, brought on by irritation of indigestible food, with threatening or established cramp ; typhoid fever in later stage ; lying-in fever when brain symptoms predominate. Special effect on children and old people.

*Phosphoric Acid.*—As in the case of all acids it is indicated in severe cases, with tendency to typhoid and colliquative conditions. Excessive weakness (greatest with hydrochloric acid) ; tendency to perspiration (most with phosphoric and sulphuric acid) ; foul diarrhoea and putrid secretions (most with hydrochloric acid) ; tendency to bleeding (most with sulphuric and nitric acid) ; tendency to ulcerative processes (most with nitric and hydrochloric acids).

*Rhus Toxicodendron.*—Protracted and remittent fevers, much chilliness ; great lassitude ; drowsiness, dry brown tongue, three-cornered red point ; herpes on upper lip ; unbearable pain in limbs, restlessness, must move ; worse after midnight. Rheumatic fever, specially when connective tissues are effected. Intermittent fevers, dry cough preceding chill. Special characteristic of *Rhus* fever is tendency to typhoid condition. Every fever, no matter the cause, has the tendency to pass into typhoid condition, with the usual mild delirious symptoms, restlessness, dull frontal headache, characteristic tongue and involuntary stools.

*Sanguinaria.*—Heat flushes, heat waves ; circumscribed redness of cheeks, burning in hands and feet,

sharp flying stitches in chest, together with other neuralgic symptoms; tendency to blood-stained rusty sputum; most in right side. Catarrhal fever with acrid nasal discharge, intense dryness and burning in throat and chest, hoarseness in thin irritable persons with weak lungs. Hectic fever with above characters, right-sided pneumonia, intense dyspnoea, lies easiest on the back.

*Silicea*.—Hectic fever. Irritation fever in children (worms, teething). Fever in scrofulous and sensitive children, due to an indefinite cause, specially typical onset; the attack itself has the aconite type. Fever after vaccination. Great general weakness, deficiency of blood-heat, better in warmth and warm clothing, tendency to blood-streaked sputum; constipation. Defæcation attempted but ineffectual. Headache and giddiness from nape of neck ascending to vertex.

*Sulphur*.—Protracted fever; aconite has not been able to produce the critical outbreak of sweat; patient depressed; covered with hot perspiration. Heat waves in quick succession. Heat at the vertex; feet burning, desire to place them in cold surroundings. Lying-in fever. Menstruation delayed. Measles, eruption late, dark. Inflammatory fever; inflamed part, throat for instance, dark red. Pneumonia, delayed resolution of hepatized spot. Fever threatens to pass into hectic condition. Fever after vaccination. Poor rachitic children, thin, weakly, nervous, and irritable people, stooping. Dirty, unhealthy skin, formerly suffered with eruptions. Sweat odorous. Faintness at 11 a.m. Edges of mucous membrane specially red.

*Veratrum Viride*.—Sthenic fever; full hard pulse; intense headache, specially in occiput; dry, red streak in middle of tongue. Fever in beginning of pneumonia; irritation fever in children; cerebral symptoms prevail; threatened convulsions.

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## A STUDY OF PHOSPHORUS.\*

By A. C. COWPERTHWAIT, M.D.,

Professor Materia Medica Chicago Homœopathic Medical College.

### *Origin and Preparation.*

This non-metallic element is obtained in the crude state from calcined bones. A so-called tincture is officinal in the homœopathic pharmacopœia. This preparation is, however, simply a saturated solution equal in drug strength to one part in six-hundred-and-sixty-seven, and from which the third decimal dilution is made by adding two parts of the solution to one part of alcohol.

It is a question whether dilutions of phosphorus long remain the same chemically on account of the oxidation that takes place. After preparing the tincture the chemist places a small piece of phosphorus in the well-stoppered container in order to compensate for loss by oxidation. If the tincture will undergo such change under such conditions, what may we not expect of dilutions kept in the ordinary careless way, exposed more or less continually to light and air? However, it is comforting to know that in all probability we are even less careless now than our predecessors, and that if we are not using a pure phosphorus we are, at least, using as near that as have our forefathers in homœopathy, including those who gave us the provings from which a large part of our pathogenesis of the drug is constructed. In other words, we are using the same remedy, whether it is phosphorus or not, that has been called by that name and successfully used as such for a century. Nevertheless, when physiological effects are desired, and especially in the treatment of conditions where the homœopathicity of the drug is based upon poisonings rather than provings, such as organic lesions of the liver or spinal cord, and more especially where the indications are physiological rather than purely homœopathic, the best results are obtained not from homœopathic preparations but from granules or pills representing about the same drug quantity but prepared in such a way that oxidation does not take place.

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\* From *Pacific Coast Journal of Homœopathy*.

*Phosphorus in the Human System.*

Phosphorous is found in large quantities in the bones and nervous system, and its presence is necessary for their growth and for the sustenance of functional nerve-power. It must be constantly supplied to these tissues or they will degenerate. If the ordinary food does not contain sufficient of it for the necessities of the system, then other food, more rich in the element, must be substituted or, what is less desirable, the drug may be administered direct. A failure to assimilate phosphorus when sufficiently supplied indicates a condition of the system that requires attention, and for which the indicated homœopathic remedy is alone successfully applied. Inexplicable to the minds of some is the clinical fact that this condition often presents a pathogenetic picture of phosphorus, which in the higher potencies will in such cases effect a cure.

*Physiological Effects.*

A large part of our knowledge of the action of this drug comes from poisoning from the ends of matches taken with suicidal intent. Without considering in detail the symptoms resulting from such poisonings it will suffice to say that the principal pathological change noted is a wide-spread fatty degeneration of the vital organs, more especially of the liver, heart and kidneys. Atrophy of the liver may also occur, and diseased conditions of the pancreas; and degeneration, other than fatty, of the kidneys is sometimes found.

Another class of poisonings not so well known are those among workmen in match factories whose part of the business it is to immerse the matches in the phosphorus compound. This condition is known as "phosphor necrosis." It affects more particularly those who are affected with caries of the teeth, and usually after the men have worked at the business for about a year and a half. It is generally a question whether it is really phosphorus, phosphoric acid, or ozonized oxygen, which causes the necrosis; also whether or not the disease is simply local or the consequence of a chronic blood-poisoning.

The necrosis attacks the under jaw much oftener than the upper, but rarely other bones of the face. The history is much the same as that of necrosis from other



causes. The patient after two or three years of suffering falls into a dyscrasia where a comparatively unimportant occurrence may speedily produce his death.

Many who are predisposed to it become tuberculous or die from lobular pneumonia ending in gangrene of the lungs, produced by the ichorous discharge and particles of food finding their way into the lung on account of abnormal deglutition.

The principal difference between this form of necrosis and the common necrotizing periostitis is that it is of much longer duration and extends itself over the whole affected bone.

In addition to the knowledge derived from the copious collection of poisonings we have Hahnemann's provings as published in his *Chronic Diseases*, and more recent provings that have been made.

From these various sources of information it is very evident that phosphorus acts directly upon the blood-life, where it tends to disorganization and decomposition, causing hæmorrhages and ecchymosis and destroying organic structure. As a further result of decomposition it induces the formation of pus which is in character intermediate between true pus and sanies. The vegetative nervous system is also powerfully affected, where there is the same disorganising and destructive tendency, manifest more especially in the paralysis consequent upon the destruction of nerve force. The first condition produced is one of violent erethism, going on to congestion and inflammation, this soon giving way to a condition of torpor and paralysis, which may indicate exudations in parenchymatous organs or decomposition of the blood and of organic tissues, including the brain, spinal marrow and the bones. In the lung tissues we obtain sanguinous infiltration; in other organic tissues, notably the liver and heart, we find fatty degeneration, and in the maxillary bones and teeth, caries and necrosis; while the nerve centres become softened, and the powers of sensation and motion are destroyed.

In accordance with these pathological observations do we find the symptoms as recorded by Hahnemann and his immediate followers?

The sluggishness of the mind, apathy and inability to think, with indisposition to mental exertion, mark the decay of brain power; while the dulness of the head,

vertigo and confusion, together with pain and a sensation of coldness in the brain, are evidences of incipient organic disorganization or uremia.

The symptoms of disturbed vision show an impairment of the optic nerve, or its functional disturbance, secondary to blood-poisoning.

The disturbed digestion is shown by the dry mouth and tongue, eructations and regurgitation of food, thirst, nausea, vomiting, pain and soreness in region of stomach, together with diarrhoea or constipation; mark the gastro-adenitis which prevails. The enlarged abdomen reminds us of the power phosphorus has to produce enlargement of both liver and spleen. The condition of the urine, torpid and highly coloured, diminished in quantity, containing albumen, fibrinous casts and blood, indicate the disorganising effects upon the kidneys.

Impotence in the male following excessive sexual excitement, and a debilitating pseudo-menstrual discharge in the female, are evidence of the deteriorating effect phosphorus has upon the nerves which preside over animal life.

The well-known respiratory symptoms are only those that would naturally follow such a pathological state as has been suggested in the lung tissue, acting first as a pure irritant, giving rise to congestion, inflammation, sanguinous infiltration, and finally suppuration. The hoarseness, cough, tightness, pain, difficult respiration, expectoration of blood, rust-coloured sputa or purulent matter are thus accounted for.

Muscular weakness and prostration, difficult walking, and tremor of the limbs are all indications of destruction of nerve power; so that the provings go far to sustain the pathological views of phosphorus that have been and are now predominant.

In addition to those symptoms already mentioned phosphorus presents many characteristic subjective symptoms, which while not especially associated with certain pathological states are nevertheless of equal value from a therapeutic standpoint, and mark out more completely the individuality of the drug's action.

From the foregoing observations it is plainly evident why phosphorus ranks as a polychrest. Its range of

action is wide, and when applied according to homœopathic indications its usefulness is equally far reaching. Its use by the old school has not been as satisfactory. Ringer says "this substance for many years has fallen into disuse, but, owing to its signal success in the hands of the homœopaths, it has again recently risen into favour"—a somewhat remarkable admission for an allopath to make, yet one that might also be applied with great truthfulness to many of the most commonly used therapeutic agents of the allopathic practice.

### *Clinical Application.*

The limits of this paper will not allow of an extended reference to the wide clinical application of this valuable drug. However, as a "midwinter" remedy we should note its usefulness in respiratory diseases, in which it is more often prescribed than in any other form of disease, and where is shown to a marvellous extent the value of homœopathic indications in its administration.

In laryngitis it is useful where there is great hoarseness and aphonia, the larynx being extremely sore, so that it causes pain to talk and cough.

Tracheitis and bronchitis with dry cough, worse on going from warm to cold air, from lying on the left side, caused by tickling in trachea, frothy, mucus expectoration, with soreness, oppression and constriction in chest, call for it.

Phosphorus is indicated in a great variety of coughs, and is prescribed oftener for winter coughs than any other remedy unless it be bryonia. The most characteristic cough is dry, comes from tickling and is accompanied by a tightness of the chest, which latter is the chief point of differentiation between phosphorus and other cough remedies. In ordinary coughs, outside of acute inflammatory conditions of the air passages, there is usually little expectoration, generally of thin mucus.

It is often a useful remedy for reflex coughs, brought on by excitement, strong odours, or any nervous disturbance; also reflexed from stomach and hepatic derangement. Phosphorus is an invaluable remedy in pneumonia after exudation has taken place. It is never indicated in the inflammatory stage of this or any other disease, but follows after the symptoms usually indicating aconite and bryonia (not in alternation) have subsided,

and the patient has a dry cough with bloody mucous, or rust-coloured expectoration, violent tightness or oppression of the chest, difficult breathing, as if a heavy weight lay on the chest, worse when lying on the left side.

It may be useful when any part of the lung is involved, but more often the lower lobe of the right lung. There is complete solidification of lung tissue, with dullness on percussion and an absence of vesicular murmur. It is indicated in purulent infiltration and abscesses of the lungs in the third stage of pneumonia. It may be indicated in any stage of pneumonia when typhoid symptoms supervene, and in chronic solidification of the lung after typhoid fever. It is equally valuable in broncho-pneumonia and pleuro-pneumonia; also in broncho-pulmonary catarrh, dilatation, or fatty degeneration of the heart. In pulmonary tuberculosis phosphorus is valuable in the stage of tubercular deposit, especially of miliary tubercles, attended with afternoon fever, flushed cheeks, dry, short cough, rapid respiration, and progressive emaciation. It is said to be especially useful in tuberculosis occurring in tall, slender persons, or in the young who are rapidly growing; great debility; frequent attacks of bronchitis; hoarseness and aphonia; dry, tormenting cough; hectic fever; phthisis florida.

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## PRACTICAL HOMŒOPATHIC THERAPEUTICS OF EPILEPSY WITH COMPARISONS.

By W. A. DEWEY, M.D.\*

### I.—*Calcarea Carbonica*.

THE treatment of epilepsy should be directed to the underlying dyscrasia, as this is at fault in most if not all cases. *Calcarea carbonica*, with its rickety, tuberculous, scrofulous and flabby symptoms, its characteristic deficiency of lime-assimilation, as shown in children by the open fontanelles and backward dentition, will frequently be the remedy with which to commence the treatment. The characteristic relaxation on falling asleep and the sweating of the head and neck are fine indications for its use. It has an excellent clinical record.

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\* Reprinted from *Medical Century*.

An epileptic suffering continually from the dread of an attack will withdraw himself as much as possible from the outside world, brood over his affliction and become melancholic, and there is no other remedy so well adapted to this condition as calcarea. Its anxiety, palpitation, apprehensive mood, despondency, fretfulness and irritability, its weakness of memory, its loss of consciousness, its vertigo and convulsions are all prominent and characteristic indications for its use in epilepsy.

If epilepsy be caused from fright, suppression of some long-standing eruption, or venereal excess, it will probably be one of the remedies to use in the course of the treatment, and here it would follow sulphur well. The aura may begin in the solar plexus and pass upwards like a wave, or go from the epigastric region down to the uterus and limbs. Like sulphur, it has a sensation as if a mouse were running up the arm previous to the attacks.

Causticum, too, is closely allied to calcarea and is indicated in epilepsy connected with menstrual irregularities and also in epilepsy occurring at the age of puberty.

## II.—*Bufo Rana.*

Epilepsy arising from fright, self-abuse or sexual excesses will often find its remedy in *bufo rana*. The aura preceding the attacks starts from the genital organs; even during coitus the patient may be seized with violent convulsions. In another form for which *bufo* is suitable the aura starts from the solar plexus. Previous to the attacks the patient is very irritable, often talks incoherently and is easily angered. It is in the sexual form, that brought on by masturbation, that *bufo* is especially useful. It has also proved useful in severe cases in children where the head is drawn backwards in the convulsion.

Indigo has epileptiform convulsions from the irritation of worms; but the patient must be low-spirited and sad—"blue as indigo"—it is the "bluest remedy in the *materia medica*."

*Bufo*, like *nux vomica*, is vehement and irritable. These two remedies and *silicea* and *calcarea* have the aura starting from the solar plexus.

Stannum is also a remedy for epilepsy arising from reflex irritation from worms and also from sexual complications.

### III.—*Cuprum Metallicum*.

Cuprum is a very deep-acting remedy, and its well-known power of producing convulsions and spasms makes it a valuable remedy in epilepsy. We know positively that poisonous doses of cuprum cause epileptic paroxysms, and it is among the most curative remedies for epilepsy in child-life. The convulsions start from the brain, though the aura, which is of long duration, seems to centre in the epigastrium. Owing to this long duration of the aura consciousness is not immediately lost, and the patient will often notice the contractions in the fingers and toes before he becomes unconscious. The face and lips are very blue, the eyeballs are rotated, there are frothing at the mouth and violent contraction of the flexors. The attack is usually ushered in by a shrill cry and the cases are most violent and continued. It is also a remedy for nocturnal epilepsy, when the fits occur at regular intervals, such as the menstrual periods. Epileptiform spasms during dentition or from retrocessed exanthemata may indicate cuprum.

Argentum nitricum is also a remedy for epilepsy, the strong indicating features being the dilated pupils four or five days before the attack and the restlessness and trembling of the hands after the attack. Menstrual and fright epilepsies often call for this remedy, the characteristic being the aura, which lasts a number of hours before the attack. Moral causes may lead to an attack. The patient is low-spirited, easily discouraged and frightened.

### IV.—*Ænanthe Crocata*.

Perhaps no remedy in the materia medica more closely pictures epilepsy than ænanthe. Its use in the disease has been mainly from clinical data, but there is ample proof from studying toxic cases that it is homœopathic to many cases of epilepsy. The reliable and practical symptoms calling for its use may be summed up as follows: sudden and complete loss of consciousness; swollen, livid face; frothing at the mouth; dilated or irregular pupils; convulsions with locked jaws and cold extremities.

Dr. S. H. Talcott, of the Middletown Asylum, sums up his experience with the remedy as follows :

1. The fits decrease in number 40 to 50 per cent.
2. The convulsions are less severe than formerly.
3. There is less maniacal excitement before the fits.
4. Less sleepiness, stupor and apathy after the fits, and the debilitating effects of the attacks are more quickly recovered from.
5. The patients treated with *œnanthe* are less irritable, less suspicious, and less fault-finding.
6. The patients are more easily cared for.

The writer can add his testimony to the effect of *œnanthe* in controlling attacks of epilepsy. It seems to act better in the 3x or 6x potency than in the tincture. Cases of cure of the disease are becoming more and more numerous.

*Artemesia vulgaris* is another remedy which has been successfully used for epilepsy from fright or some mental emotion, where the attacks occur in rapid succession, and also in petit mal, where the patient is unconscious only for a few seconds and then resumes his occupation as if nothing had happened.

*Artemesia*, *absinthium* and *solanum carolinense* are also remedies which in some cases have wrought cures.

#### V.—*Kali Bromatum*.

This remedy should have no place in the homœopathic treatment of epilepsy. It is given here because it is the principal remedy employed by the allopathic school, and because nearly all cases coming to us for treatment from old-school hands are liable to be complicated by a previous treatment with the bromides, notably the bromide of potash. It is not a curative remedy, but a palliative one ; it strikes at the attack and not at the disease. It will often modify the attacks, and, used as prophylactic, may avert the seizure ; but its prolonged use works inevitable harm. It weakens the mental faculties and hastens imbecility.

Camphora is useful to prevent the attacks, shorten the duration, and lessen the intensity. It is indicated by all the characteristics of epilepsy, and hence is a safer prophylactic than the bromide of potash.

Camphora, *nux vomica* and *zincum* are mentioned as antidotes for the abuse of the bromide of potash.

VI.—*Silicea*.

*Silicea* is one of our most valuable remedies in epilepsy. The aura starts from the solar plexus, as in *bufo* and *nux vomica*. Certain phases of the moon are said to affect the attacks, and they are brought on by any overstrain of the mind or emotions. Nocturnal epilepsy; feeling of coldness before an attack is also characteristic of the drug, and the fit is followed by warm perspiration. When *silicea* is required there is an exalted susceptibility of the upper spinal cord and the medulla, and an exhausted condition of the nerves. The attacks occur about the time of the new moon. It comes in after *calcareia* in inveterate chronic cases; coldness of the left side of the body preceding the attack is very characteristic.

VII.—*Nux Vomica*.

The characterising feature of epilepsy is loss of consciousness, therefore *nux vomica* is not often a remedy in the idiopathic form. It suits cases arising from an excess of reflex-action caused, for instance, by indigestion. The aura in a case calling for *nux* starts in the solar plexus, and among the most characteristic symptoms is a sensation of ants crawling over the face. The middle and higher potencies will be found more useful in the spinal form of epilepsy, and this is the form most suitable to *nux*.

*Plumbum* has caused epilepsy, and we may use it for these symptoms: the attack is preceded by a heaviness of the legs and is followed by paralysis; epileptic seizures from sclerosis or tumors of the brain; consciousness returning slowly after an attack is another indication, and it is more suitable to the chronic form of the disease. Constipation and abdominal pains further indicate.

*Secale* is recommended for sudden and rapidly recurring convulsions, with rapid sinking of strength and paralysis of the spinal nerves.

VIII.—*Cicuta Virosa*.

The indications for *cicuta* are sudden rigidity followed by jerks and violent distortions, and these followed by utter prostration. The prostration is characteristic, being equalled only by that of *chininum arseniceum*.



There is a tonic spasm renewed by touch simulating strychnia, but in *cicuta* there is loss of consciousness, thus resembling more the epileptiform. There is great oppression of breathing, lockjaw, face dark red, frothing at the mouth and opisthotonos. The reflex excitability under *cicuta* is much less than under strychnia. Another characteristic of *cicuta* is fixed staring eyes; others are, trembling before and after the spasms and strange feeling in the head preceding the attack. Bayes regards the muscular convulsions as a specially prominent symptom for *cuprum*.

#### IX.—*Sulphur*.

Like *calcareæ*, sulphur is a constitutional or basic remedy, and it will act well where there is a scrofulous taint. It is useful for the same class of cases as is *calcareæ*, namely, those brought on by sexual excesses or the suppression of some eruption. The convulsions are attended with great exhaustion, and it is suitable to the chronic form of epilepsy in children who are typical sulphur patients. There is perhaps a tendency to fall to the left side. Sulphur is also a useful intercurrent remedy in the course of the treatment of an epilepsy. *Psorinum* may also be needed as an intercurrent.

#### X.—*Hyoscyamus*.

In epileptic convulsions *hyoscyamus* is a most valuable remedy. There is much twitching and jerking and hunger previous to the attack, there is frothing at the mouth and biting of the tongue. A violent fright will produce an attack that will call for *hyoscyamus*. The convulsions seem to have more of a hysterical nature, and there are illusions of sight and hearing.

*Stramonium* has epilepsy from fright, sudden loss of consciousness and jerking of the head to the right with rotary motion of the left arm. *Stramonium* is the opposite of *belladonna*, for whereas the *belladonna* patient shuns light, fears noises, and is sensitive in the highest degree, the *stramonium* patient fears darkness and hates to be alone; he acts like a coward and trembles and shakes.

#### XI.—*Belladonna*.

*Belladonna* is especially a remedy for acute epilepsies, when the cerebral symptoms are prominent, where the

face is flushed and the whole trouble seems to picture cerebral irritation, and more especially if the patient be young. There is an aura as if a mouse were running over an extremity or of heat rising from the stomach. There are illusions of sight and hearing, and the convulsions are apt to commence in an upper extremity and extend to the mouth, face and eyes. The great irritability of the nervous system, the easily disturbed sleep, the startings, the tremors and twitchings, and the general belladonna symptoms make the choice easy.

Atropine, the alkaloid of belladonna, has also been used successfully in the treatment of epilepsy.

Another remedy in recent cases is hydrocyanic acid, to which Hughes erroneously ascribes specific powers in the disease. The cases calling for it will be characterised by loss of consciousness, clinched hands, set jaws, frothing at the mouth, inability to swallow, and the attack is followed by great drowsiness and prostration. Children are disinclined to play and take but little interest in anything.

## XII.—*Causticum.*

Causticum is useful in petit mal, also when the patient falls while walking in the open air, but soon recovers. It is said to be useful when the attacks occur at new moon. In menstrual epilepsy and that occurring at puberty causticum is the remedy. Kafka recommends hepar in nocturnal epilepsy. Causticum is perhaps better suited to recent and light cases.

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## REVIEWS.

*The British, Colonial and Continental Homœopathic Medical Directory for 1899.* Edited by a Member of the British Homœopathic Society and Dr. Alexander Villers (of Dresden). London: The Homœopathic Publishing Company, Warwick Lane, E.C.

We have received this new issue of the "Homœopathic Medical Directory," compiled for and published by The Homœopathic Publishing Company. The advantages and disadvantages to the public, the profession, and the propaganda of our therapeutic views, which may be expected to arise from a published list of those members of the profession who practise homœopathy, was so thoroughly threshed out at the

Northampton Homœopathic Congress and in the pages of our *Review* during several months preceding that meeting, as to render our again discussing these questions quite unnecessary.

The volume before us is as good and useful as the editor and publishers were able to make it. That it is incomplete is true, and, at the same time, unavoidable. It is so, first, because many medical men, from one cause or another, object to allow their names to be inserted in its pages; while, in addition, there is a still greater and ever-increasing number of open-minded general practitioners, who are practising homœopathically without saying, still less publicly notifying, that they do so. With regard, however, to the former of these two classes, the objection to a directory seems to be lessening, for we observe that several names which were absent from the issue of the previous year are to be found in that we are noticing. Those who are in sympathy with the desire to have such a *Directory* will find this one useful. In addition to the list of medical adherents of homœopathy in Great Britain and Ireland, an important feature of the publication is the Colonial and Continental list of homœopathic medical practitioners, compiled under the editorship of Dr. Villers, which will be found a convenience to those going abroad during the summer holidays.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the session was held on Thursday, February 2nd, 1899, at the London Homœopathic Hospital, Dr. BURFORD, Vice-President, in the chair.

#### TABLET TO FOUNDERS AND PAST-PRESIDENTS.

Through Mr. Knox Shaw the Council presented a report concerning the form and arrangement of the Memorial Tablet to Founders and Past-Presidents of the Society, which is to be placed in the Board Room of the Hospital.

MR. KNOX SHAW said that in consequence of having to make this report he had had to investigate the Society's past history. He had come across a collection of the earliest minutes of the Society's proceedings, and he wished to move that a resolution proposed by Dr. Chapman and seconded by Mr. Cameron on the first Thursday in December, 1858, be hereby carried into effect. The resolution was: "Dr. Chapman then moved, and Mr. Cameron seconded, that the minutes of the Society, from its original institution, which are not yet

entered into a volume but are on loose pieces of paper, be at once entered in a volume." He noticed in the minutes of 10th April, 1844, which he thought were in the handwriting of Dr. Quin, a marginal note as follows: "State here the names of the members that originally constituted the Society, as this will become a historical document for some future Spratt." The names of the members had not, however, been stated.

The CHAIRMAN remarked that they had all listened with interest to the result of Mr. Knox Shaw's antiquarian researches. Those familiar with the earlier volume of Macaulay's history recognised in Spratt a Bishop of Rochester, who was an antiquarian of no mean calibre. After some discussion the report of the Council was adopted.

#### THE NEW MATERIA MEDICA.

Dr. ORD formally presented the new specimen drug, *kali bichromicum*, which had been printed and distributed to members before the meeting.

A discussion took place.

On a motion that the specimen be adopted as a model for proceeding with the work,

Dr. HUGHES said the specimen medicine had given him very great pleasure and satisfaction. Whatever criticism he passed on details, the general lines of the work came out well, and the actual working and filling in of the outlines seemed to him to have been very well and thoroughly done. The whole therapeutics presented in that way would give them a book of the utmost value in practice.

Passing to criticism, he was not quite sure that Dr. ORD made a happy choice in selecting *kali bichromicum* as the specimen medicine. It was almost too easy a drug to handle. Its pathogenesis they had in the most intelligible form, and in the recorded experiments, both English and Austrian, there were no difficult questions of authenticity. It was easy in that it had been worked up by their late lamented Drysdale in a most thorough manner. The compiler of the present work had therefore simply to condense and to supplement what had previously been done. That it had however been done so well augured happily for more difficult tasks.

Dr. HUGHES also said a few words on what he conceived the character of the work to be. Homœopathy, in its ideal, was the application of drug symptoms produced on the healthy body to the phenomena of disease, according to the rule *similia similibus curentur*. For the working of this rule they required a genuine and intelligible record of the effects of drugs as observed in provings, poisonings, and in experiments on animals. He thought they had all this material provided in

the *Cyclopædia of Drug Pathogenesis*, and it was sufficient for ideal practice. But in everyday practice they required helps or props in the record of such clinical experience as had been already gained with drugs. They also needed studies of the drugs, general views of their working and physiological action, explanations and references to the anatomical seats. The *materia medica* they were now considering was intended to supply to the working practitioner the material for his actual practice of homœopathy. He hoped all the work would be done as well as Dr. Ord had done this part.

Dr. DYCE BROWN expressed admiration for the manner in which the work had been carried on. He thought the choice of drug was a good one, for the reason it had been worked up so well by Drysdale; he considered the Society owed Dr. Ord a great debt of thanks.

Dr. DUDGEON considered the work very good, but was afraid the young practitioner might rely on the therapeutic part and neglect the pathogenesis. He thought a good addition would be a section on contrasts in unusual symptoms in various medicines.

Dr. ORD having replied on the points of criticisms, further remarks were made by Mr. KNOX SHAW, Dr. GALLEY BLACKLEY, Mr. LESTOCK REID, Mr. DUDLEY WRIGHT, Dr. MOIR, Dr. McNISH, and the CHAIRMAN.

A large number of letters were read from members unable to be present approving the work. One only criticised it unfavourably.

The specimen drug was adopted as the plan of future work.

#### TWO PAPERS ON DIARRHŒA.

Papers were then read by Dr. ROBERSON DAY, of London, on *Diarrhœa in Children*, and by Dr. MURRAY, of Folkestone, on *Diarrhœa in the Adult*.

Dr. ROBERSON DAY said that children are far more easily influenced by unsuitable food than adults, partly owing to the relatively small part played by the stomach and gastric juice as compared with the intestines. Two factors constitute diarrhœa, viz.: increased peristaltic action and increased secretion. Recognising the fact that diarrhœa is a symptom of some morbid process, rather than a disease, he divided diarrhœas into two classes: (1) idiopathic, (2) symptomatic, and spoke on the former alone. The constitutional state is mainly responsible for the idiopathic diarrhœas, and the parts most commonly affected are the stomach and small intestine (gastro-enteritis), or the small intestine and colon (enterocolitis). Errors in diet are the most frequent cause, and while breast-fed children are not exempt, they suffer far less frequently. Undoubtedly, the milk used for bottle-fed

children is largely the cause of diarrhœa. So prevalent is infantile diarrhœa in the summer months in America that it has formed the subject of an epitaph :—

“ This little hero buried here  
Was conquered by the diarrhœa ! ”

Dr. Day then dwelt at some length upon the importance and difficulty of obtaining perfectly pure milk, the germs producing the poison being imported into the milk from many sources, often from want of strict cleanliness on the part of cow-keepers. Milk may thus convey *tubercle* and *anthrax*, and any other disease common to cows and men, besides being the carrier of germs of disease peculiar to man, *e.g.* enteric fever, diphtheria. By boiling milk all the pathogenic germs (with the exception of *B. anthracis*) are got rid of, but another group have their spores liberated by boiling, and these spores resist boiling and germinate at moderate temperature, causing brisk fermentation. There being at present no practicable method of freeing milk from germs, without, at the same time, injuring its flavour and nutritive value, it was urged that it is best to try and *exclude* these germs from the milk, and this should be done by the most strict supervision. In diagnosing, Dr. Day advocated always stripping a child for examination, making careful observation of head, mouth, chest, abdomen, limbs, skin, &c., particular care being taken that an intussusception is not overlooked.

Treatment was considered under the heads of dietetic and medicinal. Several suggestions were made as to diet treatment, and medicines were recommended in the following order with their indications :—mercurius sol. or corr. 3x ; ipec. 1x ; arsen. alb. 8x ; colocynth 3 ; croton 8x ; podoph. 8 ; aloes 8x ; rheum. 8x ; calcarea carb. 6 ; cham. 8x ; ars. iod. 3 and 8x ; china 1x ; acid phosph. 1x.

Dr. MURRAY, in dealing with the subject of *Diarrhœa in the Adult*, pointed out that this very common complaint might be a purely functional derangement or an accompaniment of some inflammatory process either of the bowels themselves or some other organ, or be due to some constitutional disorder such as typhoid fever, cancer or tuberculosis. The result of some irritation of the mucous coat of the intestinal canal, the chief ætiological factors are well known. Pathologically, it is a symptom rather than a disease, a functional disturbance, and not due to any change of structure. Increased peristaltic action of the bowels, increased transudation, increased secretions from the mucous follicles, and more or less congestion of the parts involved are pathological elements which always accompany diarrhœa. He described the leading characteristics of five varieties, viz. : 1. The *feculent*. 2. The

bilious. 8. The serous. 4. The lienteric. 5. The colloquative, and alluded to a chronic form of diarrhœa peculiar to those who have lived abroad, known as diarrhœa alba. The prognosis is always favourable in recent and uncomplicated cases, but otherwise if a patient has suffered from long-standing constitutional disease. Dr. Murray said that from a list of medicines suitable for the treatment of diarrhœa, appalling from their number, he had selected and would name, with some of the indications for their use, a few old friends: Arsenicum, baptisia, colocynth, iris versic., mercurius, podophyllum, veratrum album.

A discussion followed, in which the following Fellows took part, viz.: Drs. MADDEN, GOLDSBROUGH, BLACKLEY, and Mr. KNOX SHAW. Drs. ROBERSON DAY and MURRAY briefly replied.

## NOTABILIA.

### CROYDON HOMŒOPATHIC DISPENSARY.

THE Homœopathic Dispensary at Croydon has been in existence for about forty years as a flourishing institution, but conducted on private lines. This year it was resolved to re-organise it as a public institution, with the usual staff of a committee of management, hon. secretary and treasurer, and to be supported, over and above the small fees paid by the patients, by voluntary contributions. The scheme was carefully worked out with the aid of Dr. Purdom, and a full and comprehensive system of rules prepared.

The inaugural meeting of the new dispensary was held on Tuesday, the 14th of February, at the old School of Art Room, Public Hall, and it was a great success. The chairman is Mr. Samuel Taylor, of Park Hill House, and the hon. secretary, Mr. T. Eadby Croucher. Dr. Purdom, to whose exertions for many years the success of the dispensary has hitherto been largely due, is the senior medical officer, and Dr. Munster is associated with him in the good work. Besides attendances at the dispensary during the day, there will be evening attendances twice a week, which will be a great boon to the labouring poor. Several representatives of homœopathic hospitals and dispensaries were present to give encouragement to the new institution, and letters of congratulation, and of apology for inability to be personally present, were read from many others of Dr. Purdom's colleagues. The dispensary has made an excellent start, and promises to be one of the most valuable public institutions in Croydon. We wish it, and our colleagues, Drs. Purdom and Munster, every success.

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ANNUAL HOMŒOPATHIC CONGRESS.

THE Congress will be held this year in Leicester on Thursday, June 8th. Full particulars will be duly announced.

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THE INTERNATIONAL HOMŒOPATHIC MEDICAL  
CONGRESS, 1900.

THE French Homœopathic Society has published, in the *Revue Homœopathique Française*, the regulations for the Congress which has been agreed upon by the Committee. They are preceded by a note to the editors of Homœopathic journals, where it is stated that the Congress which, at the meeting in London in 1896, it was decided to hold, at a period of *four* instead of *five* years, in order to enable it to take place contemporaneously with the Universal Exhibition in Paris, the city in which it had been agreed that the next Congress should be held, will assemble probably between the 20th of July and the 15th of August; the exact dates being decided later in the year.

The Society asks for assistance in procuring papers suitable for discussion, and requests that they may be sent to the secretary, Dr. Léon Simon, 24, Place Vendôme, Paris, not later than the 1st of January, 1900.

The officers of the Congress are:—President, Dr. P. Jousset; Permanent Secretary, Dr. Richard Hughes; Secretary, Dr. Léon Simon; Committee, Drs. Chancerel, Gounard, Mari Jousset, Love and Tessier.

The following are the regulations agreed upon:—

(1). The sixth quinquennial Homœopathic Congress will meet in Paris, in one of the saloons of the Palace of the Universal Exhibition, at a time and for a period which will be settled at a later date.

(2). At the opening of the first session, the officers of the Congress will be elected by the members by secret voting and by the absolute majority of the votes. These will be the president, two vice-presidents, a permanent secretary, a general secretary, two assistant secretaries and a treasurer.

The permanent secretary will not be submitted to election.

The meeting will have the power to name honorary presidents from among the foreign members, or others whom it is desirous of honourably distinguishing.

(3). The Congress is open to all who are legally entitled to practise medicine in the country in which they reside.

Those who have no legal claim to membership will be admitted as visitors; they will be allowed to be present during



the sessions, but will not be permitted to take part in the discussions.

(4). The committee of organisation will put itself in communication with foreign physicians for the purpose of obtaining :—

- (a) A special report from each country, relating facts of interest with regard to homœopathy which have arisen since the publication of the last quinquennial report.
- (b) Essays on the several branches of the theory and practice of homœopathy, to be essays discussed during each session, and to be included in the *Transactions*.
- (5). All such essays ought to be in the hands of the committee of the Congress by the 1st of January, 1900.
- (6). Essays, approved by the committee, will be printed in advance and distributed to those members of the Congress who apply for them, instead of being read during a session.
- (7). For the purpose of discussion, the essays will be divided into the following groups, according to the subjects treated :—

- (a) General medicine : Physiology, general pathology, bacteriology, etiology, diagnosis, and prognosis.
- (b) Materia medica and pharmacy.
- (c) General therapeutics : Posology, polypharmacy, isopathy, serum-therapy, electro-therapy, hygiene.
- (d) Applied therapeutics : Monographs and observations.
- (e) Specialities : Obstetrics and gynecology, pediatrics, dermatology, ophthalmology, otology, laryngology, surgery, veterinary medicine.
- (f) History of homœopathy, professional interests (teaching, propagation, Press, hospitals, dispensaries).
- (8). Several members of the Congress will be appointed to direct special attention to the essays of each group and to prepare a report upon them. Ten minutes will be assigned to the reading of each report. At its conclusion the discussion upon it will commence, each speaker being allowed five minutes.

(9). The President, after having consulted the executive, will have the right to declare the *clôture* if he thinks that a prolongation of a discussion threatens to exclude the consideration of other important subjects.

(10). Authors of essays, who may be present, will have the right of reply before the closure of a debate ; for this purpose each will be allowed 10 minutes.

(11). The French language will be the official language of the Congress, with the exception that in the discussions the speaker may use English, German, Spanish, or Italian, on

the condition that an interpreter has previously been appointed from among the members present.

(12). During the last session the Congress will decide the place and time of the next Quinquennial Congress.

(13). Members of the Congress will pay a subscription of 20 francs; visitors admitted under the third article, 10 francs. This payment is intended to cover the cost of correspondence, printing, &c., and will entitle each class of subscribers to a copy of the Transactions of the Congress.

(14). The French homœopathic physicians invite their foreign colleagues to a banquet, the place and time of which will be fixed subsequently. The expenses will be covered by a subscription amongst the French adherents of homœopathy.

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#### HOMŒOPATHY IN THE FORTHCOMING INTERNATIONAL EXHIBITION IN PARIS IN 1900.

It appears from an article in *l'Art Medical* for December, 1898, by Dr. P. Jousset, that, the French Homœopathic Society having asked of the Commission charged with the organisation of the Medical Congress at the Exhibition to be held in 1900 authority to hold an international congress of their own, Dr. Gaucher, at a meeting of the said Commission, proposed not to give the authority asked for. The reason assigned by Dr. Gaucher was that, as homœopathy was but a branch of therapeutics, homœopathic physicians had only to register themselves under the Therapeutic Section of the Medical Congress, and there would be no necessity for holding a separate congress of homœopathic physicians. Nothing, in our opinion, could have been more liberal than this proposition of Dr. Gaucher, and yet strange to say this has not been accepted by the French Homœopathic Society, who may be said to represent homœopathy in France.

We need hardly say that we share in the regret expressed by Dr. Jousset at this decision of our French confrères, who probably saw in Dr. Gaucher's proposition a snare to entomb the new system in obscurity and prevent it from showing off its distinctive features and truly scientific character. Even if there was a snare, which we believe there was not, it could have been easily avoided, and indeed the tables could have been turned against those who intended to lay the snare, by demanding, as has been suggested by Dr. Jousset, guarantee for liberty of discussion at the meetings of the Congress—liberty of discussion not only for French homœopathic physicians, but for the 150 to 200 foreign homœopathic physicians who would be present at the Congress at the

invitation of their colleagues of France, and who, therefore, would require to be protected from the arbitrary will of an intolerant majority.

We think, with Dr. Jousset, that this guarantee could have been secured, and we regret with him that a fine opportunity has been lost for a most desirable meeting of the most distinguished members of the old and the new schools on the common ground of vieing with each other in the endeavour to discover therapeutic truth. Such a meeting, as has been happily observed by Dr. Jousset, would have marked a considerable progress towards the reconciliation, if it could not bring about a complete fusion, of the two schools. The schools have long remained separated from each other. It is time that they should unite for the good of mankind. The new school, notwithstanding its existence for a century, and notwithstanding its rapid growth, especially in the United States, is yet as regards numbers a helpless minority, and it is doubtful if in another century it will attain to the numerical strength of the old school. What a gain would it be to therapeutics if the members of the old could be brought over to recognise the truth in possession of the new school! If the ardour and enthusiasm, with which members of the old school are making experiments on the lower animals, were devoted to instituting provings on man, what rich and solid additions would be made to the *materia medica*. Let us devoutly wish, with Dr. Jousset, that there be no more schism or heresy, but that all physicians work in harmony for the conquest of therapeutic truth.

None but the most bigoted amongst us do think that we have the monopoly of all therapeutic truth, that the homœopathic is the absolute and the only law of cure, that nothing else can be or need be learned. There is abundance of experience, of the most bitter experience, to show the error of this view, to show that though homœopathy is as yet the most advanced point in medicine, it is far from being its ultimate goal, which has to be found out. That the insufficiency of homœopathy is tacitly acknowledged by a large number of our colleagues is shown by their hankering after unproved remedies. Dr. Hale, speaking of the usefulness of arseniate of strychnia, goes so far as to say: "I cannot imagine a bigotry so narrow as to deprive one of using a drug because it has not been proven, especially when we are well acquainted with the pathogenetic action of its constituents, as in this case. Some of our remedies which have made the best cures and have served most to make homœopathy popular have not been proven." It is further shown by the greedy use of the so-called

biochemic remedies of Schuessler, of the antitoxins and animal extracts of the old school.

The insufficiency of homœopathy is not entirely due to want of proper provings of all drugs needful for the healing of diseases. This is a desideratum which will never be attained, and homœopathy must remain insufficient from this cause alone. But there is, we believe, inherent insufficiency in it for many diseased conditions for which it is not and cannot be adapted, and for which other than homœopathic remedies must be sought and administered. We have to instance the administration of camphor in the first stage of cholera recommended by Hahnemann, according to his own admission, not on the homœopathic but on quite a different principle. So that in extending our researches beyond the homœopathic formula we are but following in the footsteps of Hahnemann who, as Dr. Jousset has reminded us, placed experience and the experimental method above all our cherished ideas and dogmas. Has he not said, that "for the totality of the symptoms of the disease to be cured a medicine must be sought which has a tendency to produce similar or opposite symptoms, according as experience shall prove whether the morbid symptoms are most readily, certainly, and permanently removed and changed into health by similar or opposite symptoms" (*Organon*, § 22)?

Thus Hahnemann, as a man imbued with the true spirit of science, leaves the door open to allow experience to boldly enter the temple of therapeutics and decide what is to be and what is not to be the law or the laws of cure according to the nature of disease. It is true that in the very next section he tells us that "all pure experience, however, and all accurate research convince us that persistent symptoms of disease are far from being removed and annihilated by *opposite* symptoms of medicines; that, on the contrary, after transient apparent alleviation, they break forth again, only with increased intensity, and become manifestly aggravated." It is true also that in section 25 he further says: "Now, however, in all careful trials, pure experience, the sole and infallible oracle of the healing art, teaches us that actually that medicine which, in its action on the healthy body, has demonstrated its power of producing the greatest number of symptoms *similar* to those observable in the case of disease under treatment, does also, in doses of suitable potency and attenuation, rapidly, radically, and permanently remove the totality of the symptoms of this morbid state, that is to say, the whole disease present, and change it into health."

Be it noted that Hahnemann declared "pure experience the sole and infallible oracle of the healing art." He has given out what that experience taught him as regards the

employment of drugs for their opposite or similar symptoms. Now that experience was, it cannot be denied, a limited one. It was only the sum total of his and his disciples' experience. And that experience, and further experience so far as it has gone, has shown that, in the large majority of instances, drugs capable of producing similar symptoms bring about the speediest and most permanent cures. But there is a residue where symptoms are not available, and even when available they are of no avail. What are we to do in these cases?

All that we can do and ought to do is, besides endeavouring to purify and extend our materia medica, to avail ourselves of the accumulated experience of the whole profession. We must not in supercilious arrogance look upon our cures as the only genuine ones, and those effected by others as spurious. There are spurious cures as certainly as there are genuine cures under all systems of treatment, and we ought to be able to sift the genuine from the spurious, and when we do that we shall find that cures may be brought about by a variety of ways and methods. These methods and ways can be co-ordinated and brought under a single law, if that is possible, only when we have arrived at a true conception of life. It cannot be denied that towards this goal, the unravelling of the mystery of life, the old school is working hard and so far advancing the cause of therapeutics. This again shows the necessity of the two schools joining hands and profiting by each other's labours. The lines of research pursued by different workers will then, instead of diverging as they are now doing in unprofitable directions, converge to a focus for the illumination of therapeutics, which is the sole *raison d'être* of the profession.

We hope and trust that the decision of the French Homœopathic Society, as regards the proposition of Dr. Gaucher, has not been final, but that on maturer consideration they will find their way to accepting the offer which has, we think, been made in a very liberal spirit.—*The Calcutta Journal of Medicine*, January, 1899.

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### CYANIDE OF MERCURY AND DIPHTHERIA.

SEVERAL conspicuous persons in New York have lately been poisoned by cyanide of mercury. One of them, Mr. Henry C. Barnett, to whom the poison was sent disguised as Kutnow's powder, after taking a portion of this, immediately became ill, and was treated for a mild attack of diphtheria. That he was so suffering the result of the culture examination proved. He left his bed earlier than the doctor advised, and died of heart failure. This is very interesting to those conversant with homœopathy, for we know that Dr. von Villers

employed cyanide of mercury with great success in diphtheria, and he was led to its selection by the report of a case of poisoning by this salt when the patient's fauces were covered by an exudation precisely resembling the diphtheric membrane. The mild attack of diphtheria following the ingestion of the poison in Mr. Barnett's case is said to have been proved to be true diphtheria by culture examination, which we suppose means that the diphtheria microbe was found. So that we must infer that the diphtheria of cyanide of mercury has not only the characteristic false membrane, but the special microbe commonly observed in diphtheria arising from natural causes. This would show that it is not the microbe that causes diphtheria, but that the omnipresent microbe finds its appropriate locality for its development in diphtheria produced by the mercurial salt. Any way, the case of Mr. Barnett affords a striking corroboration of the homœopathicity of cyanide of mercury to diphtheria, and should ensure our trust in it as a reliable homœopathic remedy for this disease, in which indeed it has so often been successfully employed by allopaths as well as by homœopaths.

#### PREVENTION OF GLAUCOMA.

THE etiology of glaucoma is still disputed, but Schoen, the new professor of ophthalmology at Leipzig asserts (*Wien. Klin. Rundsch.*, Nos. 26 to 31, 1897; *Am. Jour. of Surg. and Gyn.*) that no one is obliged to lose his sight from this cause. It can always be prevented if the eyes are seen in time by an expert and his warnings heeded, as the invariable cause is excessive strain in the effort of accommodation, which, of course, increases with age. The particulars of the last one hundred and forty cases he has treated are: Forty-eight per cent. hypermetropic; not one had possessed a distance lens. Astigmatism was present in 33 per cent.; in none had the astigmatism been corrected. In 20 per cent. there were no glasses, or they had been utterly inadequate. Nearly twice as many cases of glaucoma occur among women as in men, the former shrinking from wearing glasses until too late. While the excessive strain above mentioned produces anatomic changes which lead directly to glaucoma in time, yet any constitutional morbid tendency, any weakening or depressing cause, violent coughing, night watching, etc., may hasten its appearance.—*Medical Times*.

#### A GRATIFYING RECORD.

THE Hahnemann Hospital of Philadelphia treated 230 of the sick soldiers. Nearly 100 of these were suffering from severe attacks of typhoid fever and appendicitis; and yet,

excepting one man who was dying when brought to the hospital, not a death occurred. If there is any old-school hospital that can equal this record we should be glad to print the fact.—*N. American Journal of Homœopathy.*

## PREVENTIVE MEDICINE: SOME NUTS FOR ANTI-VACCINATIONISTS.

From a paper in the *Medical Century*, by Dr. Orme (April, 1898), we make the following extracts:—

“A few facts from Atlanta, in addition to the immense accumulation already acquired, may not be amiss with those who wish to know the truth about small-pox and vaccination.

“During the winter small-pox was introduced into Atlanta city and was found occurring at various points, indicating the threatening of an epidemic, which was only averted by the prompt and efficient action of the board of health in quarantining infected persons and places and in vaccinating all who had been exposed—and eventually all in the city who had not been recently vaccinated.

“Part of the official report of the small-pox hospital, which was published, and which will be considered as valuable by all who are interested in the subject, is here given:—

Cases quarantined from the city	...	...	218
Cases vaccinated in quarantine	...	...	218
Cases vaccinated and afterward developed			
varioid	...	...	25
Cases vaccinated who escaped varioid	...	...	188
Cases direct from the city	...	...	197
Cases varioid developed in quarantine	...	...	25
Cases total from city	...	...	222
Cases from county	...	...	25
Cases in quarantine from county	...	...	5
Cases total from country	...	...	80
Cases white, from county, with small-pox	...	...	7
Cases coloured, from county, with small-pox	...	...	18
Grand total small-pox cases in pest house	...	...	247
Cases previously vaccinated	...	...	0
Cases total in quarantine	...	...	218
Cases grand total cared for by the city	...	...	465
Cases deaths from small-pox (all coloured)	...	...	8

“Were no other facts on record but those above given, the superlative importance of vaccination would be established.

“Of the 218 people who had been directly exposed to small-pox, and who were taken to the quarantine, but 25 developed varioid—not one case of confluent small-pox!

What might have been the result under the anti-vaccination plan?

"The confluent cases were entirely of unvaccinated persons—chiefly negroes and indifferent whites who had been neglected or who had neglected themselves when they should have been vaccinated. The deaths were all of unvaccinated persons.

"Thorough vaccination stamped out the disease as it has done in numberless cases, and protected all the physicians and attendants who were exposed to the contagion.

"In 1894 small-pox broke out at several widely-separated parts of the city. Indications pointed to an epidemic, of which there was great apprehension; but there were no anti-vaccinationists on the board of health, and matters were taken in hand with efficiency. The affected were sent to the small-pox hospital or securely quarantined, while all who were exposed were promptly vaccinated with bovine virus only. House-to-house vaccination was practised, and the spread of the disease was promptly checked.

"The president of the board of health informed the writer that 84,000 vaccinations were performed under the auspices of the board, and that if there were any of the troubles which anti-vaccinationists claim arise from the practice they were too insignificant to be reported. (The writer has never seen any serious trouble arising from the use of bovine virus.) In a city of 100,000 people what would have been the loss by death, the permanent disfigurement of those who survived, and the injury to the trade and prosperity of this progressive city if vaccination had been neglected?

"Many were the cases which demonstrated the inestimable protective value of vaccination as well as the deplorable results of its omission. In two connecting rooms was a family of six. The head of the family (thanks to the anti-vaccinationists!) resisted the vaccinating officers. His wife took the disease in confluent form; the others were then vaccinated and were saved. Numberless examples as impressive have been recorded.

"Atlanta, being now thoroughly vaccinated (an unvaccinated child cannot enter the public schools), is safe; but let us look at the fate of some other places:—

#### "THE EXPERIENCE OF MONTREAL.

"Up to 1885 Montreal, Canada, is reported to have been without small-pox (?) and the anti-vaccination society has flourished. The population was almost entirely unvaccinated, when, in April of that year, a sleeping-car conductor was brought from Chicago with small-pox. Anti-vaccinationists to the contrary notwithstanding, the disease spread, so that in



nine months 8,164 deaths occurred from the disease! It is said that those of the anti-vaccination society who were left were among the first to be vaccinated.

"When you find an anti-vaccinationist inveighing against this most important and certain of all prophylactics, if you will ask him to show you his left arm you will probably find a good mark, as evidence of the good judgment and care of his parents."

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#### "A SCIENTIFIC HORSE."

CANON MACCOLL tells an amusing story in a letter to the *Times*. "A friend of mine (says the Canon) once shared the box-seat with the driver of a stage-coach in Yorkshire, and, being a lover of horses, he talked with the coachman about his team, admiring one horse in particular. 'Ah,' said the coachman, 'but that 'oss ain't as good as he looks; he's a scientific 'oss.' 'A scientific horse!' exclaimed my friend. 'What on earth do you mean by that?' 'I means,' replied Jehu, 'a 'oss as thinks he knows a deal more nor he does.'"

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#### OBITUARY.

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##### DR. JOHN SAY CLARKE.

THE subject of this notice was known to few of the present generation of homœopathic practitioners, and the present writer, who knew him well as a friend and colleague, knows nothing concerning his life history, apart from his medical career. He became a licentiate of the Apothecaries' Company in 1838, and a member of the College of Surgeons of England in 1838, and, after practising on these qualifications for many years, he passed his examinations and took his degree of M.D. at King's College, Aberdeen, in 1851. There was some attempt by the college to deprive him of his degree when it was discovered that he practised homœopathy, but it was unsuccessful. He enjoyed a large practice in Islington, and was highly esteemed by his patients. He was of a modest, rather retiring disposition, but a sagacious and successful practitioner, and a thoroughly good homœopathist. He retired from practice in the early seventies. He wrote no books and contributed no articles to the homœopathic periodicals. His interest in homœopathy he retained to the last, and when he died, at a good old age, it was found that he had left his large fortune, amounting to upwards of £12,000, to the London Homœopathic Hospital.

## DR. S. CHURCHILL.

It is with much regret that we record the death, in Folkestone, at the advanced age of 85 years, of another of our colleagues, SAMUEL CHURCHILL, M.D., M.R.C.S.

Born at Deddington, Oxon, on October 1st, 1818, he was educated at Aynhoe, after leaving which he was bound apprentice for five years to Dr. Palmer, then practising (according to the words of the indenture) as a surgeon, apothecary, and man-midwife at Woodstock.

He subsequently entered the University of Aberdeen, taking the M.R.C.S. (England) on November 24th, 1848, and the M.D. of his University on April 9th of the following year.

He then settled, as a general practitioner, in Fawley, Hants, where he remained for some years; but, his health breaking down, he determined to travel for a time; and, becoming during his travels, acquainted with the late Dr. Holland, of Bath, was by him persuaded to try Hahnemann's system, from which his health received so much benefit that he resolved henceforth to practise as a homœopath.

As a homœopath, therefore, he settled in 1873 in Folkestone, where he continued to practise till 1893, when, his health finally breaking down, he retired.

He married in 1856 Matilda, daughter of J. Harrison, of Woodstock, Oxon, who died in 1892, leaving one surviving daughter.

Since his retirement six years ago, although confined to his house, he had the use of all his faculties, to a greater or less degree, and took a keen interest in passing events, and showed no signs of the approaching end until Friday, February 10th, when, in the act of retiring to bed and in the middle of a conversation with his nurse, he suddenly fell heavily on the floor in an unconscious condition, from which he never recovered, the coma and paralysis which supervened clearly pointing to cerebral hæmorrhage, and so fulfilling an often-expressed desire that death might be after this manner.

Although embracing homœopathy rather late in life, he was profoundly convinced of its truth, and practised it with the devotion and almost the enthusiasm of a young man.

The funeral took place on February 18th at the Folkestone Cemetery amidst many signs of mourning, and was attended, not only by the family and friends of the deceased, but also by a deputation representing the Folkestone Homœopathic Dispensary, of which he may be said to have been the founder.

EDWIN M. HALE, M.D.

We greatly regret to have learned, through the *Hahnemannian Monthly*, that Dr. HALE, of Chicago, a physician to whom medicine owes much for the work he has done in extending (through homœopathy) our knowledge of the actions and uses of a considerable number of drugs, many of which have been found to be of great therapeutic value.

The following is the account of his career given in the journal we have named :—

“ Dr. Hale was born at Newport, N.H., in 1829. He was the son of Dr. Syene Hale, a lineal descendant of the Hales of Norfolk, England, and a grandson of David Hale, one of the participants in the battle of Bunker Hill. When seven years old his father determined to try his fortunes West, and accordingly, with his family and all their household goods, started on a long and tedious journey to Ohio. They settled in the town of Fredonia, where the father practised medicine until 1858.

“ At the age of fifteen young Hale tired of the life in the small village of Fredonia and went to Newark, Ohio, where he entered the office of a newspaper and learned the trade of a printer. In time he became an assistant editor and deputy postmaster. While engaged in the duties of postmaster he became ill, and having a great repugnance to the allopathic practice of the day, placed himself under the care of Dr. A. O. Blair, the pioneer homœopath of that town.

“ This experience caused him to decide to devote his life to the study of the system of Hahnemann. His father was so annoyed at his determination to devote himself to the then despised school that he was thrown entirely on his own resources. He studied in the office of Dr. Blair, and in two years was admitted to the Cleveland Homœopathic College, then opening its first session. He was graduated with the class of 1859.

“ For a number of years Dr. Hale practised medicine in Jonesville, Mich. While there he became Associate Editor of the *North American Journal of Homœopathy* and of the *American Homœopathic Observer*. In 1860 he produced *A Monograph of Gelsemium*, and followed it with a work entitled *The Materia Medica and Therapeutics of New Remedies*.

“ As early as 1855 he made a trip to Chicago, and was so impressed that he left with the conviction that it was soon to become the greatest American city, and he wished to locate there. In 1864 his desire was gratified, when he was offered the chair of *Materia Medica and Therapeutics* in Hahnemann Medical College. During the eighteen years' occupancy of the chair of *Materia Medica*, Dr. Hale was the author of

many medical works, one of which, his *New Remedies*, passed through five editions and was translated into French, German and Spanish.

"Dr. Hale delivered a course of lectures at Hahnemann on Diseases of the Heart which have since been published. In 1876 he paid a visit to England and the Continent, and was received in the most cordial manner by the physicians of his school.

"In the same year he severed his connection with Hahnemann College. On his return from Europe he found that the Chicago Homœopathic College had been organised. The chair of Materia Medica and Therapeutics was offered to him and he accepted the position.

"He retained his connection with the Chicago Homœopathic College for five years, when he retired on account of failing health. On his retirement he was made Emeritus Professor. In 1890 he retired from active practice and purchased an orange grove in Florida, where he spent a great part of his time in the pursuit of his favourite studies of botany and zoology.

"In addition to his labour in the colleges, Dr. Hale found time to write many medical books, which have been regarded as standard works. Among them were *Lectures on Diseases of the Heart*, *The Heart and How to Take Care of It*; and his last work was *The Practice of Medicine*.

"During the past year he was engaged in writing a work on the diseases of old age. This is not quite finished, and is still in manuscript. It will be brought out as a posthumous work by his son.

"On first going to Chicago Dr. Hale went into partnership with the late Prof. A. E. Small. Five years later he formed another partnership with his brother, Dr. Parker H. Hale, who had followed him to Chicago.

"Dr. Hale was married in 1855 to Miss Abbie George, of Jonesville, Mich. The widow and two children, Dr. Albert B. Hale and Mrs. Frances G. Gardiner, survive him."

Early in his professional life Dr. Hale was attracted to the large number of the indigenous plants of his country which had come to be regarded as remedies by the common people, and by a class of practitioners originally springing from the uneducated herbalists, and generally described as "botanic doctors," but who gradually acquired an education in the various branches of medical science, and during the last forty years have been known as the "eclectic school." He examined many of these plants, carefully studied the published records of their properties and the reports of cases in which they had been found to be useful in the treatment of disease. Of some he,

with others, made careful provings, adding to them reports of such cases of poisoning as he could meet with. From these various sources he deduced the homœopathic action of each drug.

By adopting this plan, and pursuing it steadily for many years, Dr. Hale, as Dr. Hughes has said, "rendered an inestimable service to homœopathy, and thereby to the art of medicine. There has," he continues, "been plenty of severe criticism on his indiscriminate collection of material, his too fond estimates of his new treasures, and the assumptions in which he has indulged. But these are small matters compared with the actual enrichment of our remedial treasury which has been effected by his means. We really owe to him *actæa*, *æsculus*, *apocynum*, *baptisia*, *caulophyllum*, *chima-philæ*, *collinsonia*, *dioscorea*, *eupatorium purpureum*, *gelsemium*, *hamamelis*, *helonias*, *hydrastis*, *iris*, *phytolacca*, *sanguinaria*, *senecio* and *veratrum viride*. It is no abatement of this obligation to say that some of these had been known previously, and that none have been actually proved by Dr. Hale himself. It was his book that made them current-coin, wherever they had been minted before; and it was he who incited the new provings, though he only acted as their promulgator and expositor. The school of Hahnemann in every country owes him hearty thanks for all this; and allopathy is beginning to share our gains."—*Sources of the Homœopathic Materia Medica*, p. 58.

When criticising Dr. Hale's *New Remedies* we must remember that, in the preface to the book, he writes, with a degree of modesty not commonly met with in Chicago:—"I do not claim that this work is in any way *complete*. Indeed, I shall be satisfied if it is only pronounced by the profession as *eminently suggestive*. Many of the provings are very imperfect, and some of the clinical remarks are open to criticism. Let the wheat be separated from the chaff by the inexorable test of honest trial."

Dr. Hale died after a short illness terminating in uræmia on the 15th of January last.

In him we lament the loss of one who did a large amount of honest useful work for his professional brethren.

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## CORRESPONDENCE.

### THE "HOMŒOPATHIC DIRECTORY."

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Dr. Percy Wilde's letters on the subject of the "Homœopathic Directory" are most pertinent. The

British Homœopathic Congress, an assembly open to all interested in homœopathic therapeutics, decided against the issue of a special medical directory, and, as a consequence, its publication was dropped. The published list of members of the British Homœopathic Society became a reliable and trustworthy guide to those practising homœopathy in the United Kingdom. During the last few years another attempt has been made to issue a special directory, and apparently with some success, for there was an active minority who liked the notoriety of such a publication, and the preface of the present issue expresses satisfaction at the increase in the number of names. There are some who voted against the issue of a special directory who now allow their names to appear, but the promoters were well aware how powerful is the argument to self-interest, and that if one name is inserted others feel that they dare not be left out. Still, when one comes to look through the directory it does not appear as if there were this hearty co-operation the preface would lead us to expect. There is evidence to show that 80 per cent. of those whose names appear have not troubled to return their circulars, and it would really seem that the promoters take the non-return of the circular as equivalent to consent for the insertion of the receiver's name. It would be interesting to learn how many names really appear with the consent of their owners. Comparing the numbers, as stated in the directory and in the list of the British Homœopathic Society, the balance is slightly in favour of the directory; but then we find of those in the directory, and not members of the Society, two who are dead, eight who have retired from practice, one who has left England for some years, and one who is travelling. So, in spite of all the energy spent upon the directory, which could be so much better employed in getting those outside the society, and eligible for membership, to join it, the much-maligned list of members of the British Homœopathic Society is the fuller, the more accurate, and by far the more representative of the best of homœopathy than the Homœopathic Directory, 1899, and gives "our *confrères* abroad in the Colonies, the United States, and the Continent . . . the opportunity of knowing where . . . the British representatives of homœopathy are to be found."

I am, yours obediently,

C. KNOX-SHAW.

## THE PREVENTION OF TUBERCULOSIS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Referring to the article on this subject which appeared in the February issue of your journal, and more especially at this time to the undertaking therein given to communicate on the subject with all the homœopathic medical practitioners whose names and addresses I could obtain, I think, as an act of courtesy to those gentlemen who have replied to my communication, I should explain how matters stand at this date. I addressed this letter to about 200 medical practitioners; up to the present I have received replies from 21; of these 13 approve my proposal and the majority promise active support; 5 approve the scheme so far as it has been explained, but for various reasons are unable to give practical assistance in its development; while 3 decline to co-operate in any way.

Having thus accounted for the replies received, it still leaves 179 gentlemen who have not responded in any way to my letter. I hope it is not to be accepted that my non-responsive correspondents take no interest in the subject. One, who in virtue of his age, experience, and professional position, commands the highest respect of his *confrères*, states that he is willing to attend and hear my proposal, and regrets that so many have allowed the matter to pass unheeded, at the same time adding that few of them believe in the pernicious character of tuberculosis in the bovines, and still fewer in the application of tuberculin as a test or a remedy.

If my friend rightly interprets the views of the homœopathic medical profession on these two points, I submit, with still greater emphasis, that it is all the more important to establish an experimental farm, in order to prove that opinions so dangerous to the welfare of the general public are absolutely incorrect, and contrary to facts that have received undeniable confirmation at the hands of trained experts in the veterinary profession, and in this way to confute opinions (if they exist) which have no basis in facts to rest upon.

I hope by aid of those who think well of my suggestion that something may ultimately be done to carry it into effect, and, for the information of such, I beg to say that their advice as to future action will be highly esteemed by

Yours faithfully,

J. SUTCLIFFE HURNDALL, M.R.C.V.S.

Sussex Villas, Kensington, W.  
17th Feb., 1899.

## NOTICES TO CORRESPONDENTS.

\* \* We cannot undertake to return rejected manuscripts.

**AUTHORS and CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.**—Hours of attendance: **MEDICAL** (In-patients, 9.30; Out-patients, 2.0, daily); **SURGICAL**, Out-patients, Mondays, Thursdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Thursdays, 9 A.M.

**DIASTASE.**—The action of this substance on starchy matters is shortly described in most dispensatories and works on organic chemistry, and more fully discussed, together with other enzymes, in the *Journals of the Chemical Society, Transactions, Proceedings and Abstracts*. (Gurney & Jackson, 1, Paternoster Row.) Its physiological action appears somewhat unsatisfactory, probably because a much higher temperature than that of the stomach is required to give it full activity.

"Taka diastase" is a proprietary speciality, of which we have no experimental knowledge.

## BOOKS RECEIVED.

*A Text Book of Materia Medica and Therapeutics of Rare Homœopathic Remedies.* By Oscar Hansen, M.D. London: Homœopathic Publishing Company. 1899.—*Leaders in Homœopathic Therapeutics.* By E. B. Nash, M.D. Philadelphia. 1899.—*National Telephone Company, Limited.* (Reprint of articles in *Times*). January.—*The Homœopathic World.* February. London.—*The Medical and Surgical Review of Reviews.* November. London.—*The Chemist and Druggist.* February. London.—*The Calcutta Journal of Medicine.* January.—*Tasmanian Homœopathic Journal.* January. Hobart.—*The North American Journal of Homœopathy.* February. New York.—*The Medical Century.* January and February. New York and Chicago.—*The Medical Times.* February. New York.—*The New England Medical Gazette.* February. Boston.—*The Hahnemannian Monthly.* February. Philadelphia.—*The Homœopathic Physician.* February. Philadelphia.—*The Homœopathic Recorder.* January. Philadelphia.—*The American Medical Monthly.* January. Baltimore, Md.—*The Clinique.* January. Chicago.—*The Hahnemannian Advocate.* January. Chicago.—*The Medical Brief.* February. St. Louis, New York and London.—*The Pacific Coast Journal of Homœopathy.* January. San Francisco.—*The Minneapolis Homœopathic Magazine.* February. (Two No's.)—*The Homœopathic Envoy.* January, February and March. Lancaster, Pa.—*Revue Homœopathique Française.* January. Paris.—*Allgemeine Homœopathische Zeitung.* February. Leipzig. (Two No's.)—*Archiv. für Homœopathie.* February. Leipsic. *Homœopathische Maandblad.* February. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

### A SENSE OF PROPORTION.

THE classification of man on a comprehensive basis is a practical impossibility. The complexity of his nature appears to offer too many distinctions to allow of any one distinction being satisfactory for the whole of his being; he can, therefore, be classified only according to his individual faculties. This is true in the general; but in the intellectual sphere (in *that* which distinguishes man from other animals) there is one *discrimen*, so far-reaching, so wide and deep in its application, that it may claim to stand alone.

The possession of the sense of proportion, the degree to which this sense is owned and employed, gives us a mean or measure by which we may fairly judge the intellectual capacity of our fellow-creatures. For it is to this sense that Science owes her direction and Art her charm. Without this, humility and humour (to name only two of the virtues) are inconceivable. This holds the balance between heart and head. It gives consistence to conduct and perspective to perception. Before the test for this quality the simplest work may be discovered perfect and mere brilliancy confesses the baselessness of its fabric.

The physician above all men needs a large gift of this; and it might reasonably be pre-supposed that systematic training, beginning on the rudiments of science and

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thence growing patiently from the centre to the circumference, should give it him. One might plausibly expect that, thus trained, his experience of the diversity of man and of the complex problems of man's diseases should go far to perfect the work and to render the orb of his sense of proportion all-embracing, bright and shapely. And yet it is to be feared that modern medicine does not yield us a man *totus teres ac rotundus* such as the picture promises. The perfect man might indeed find his splendid isolation irksome, and he would certainly be unpopular, but it probably would be safe for "even the youngest of us" to cultivate a sense of proportion in our outlook upon the present developments of medicine.

In the matter of tubercle we have had of late years a notable object-lesson to which we may apply our generalisations. It cannot be denied that the question is a sufficiently serious and pressing one; a disease which carries off 59,000 victims in a year can scarcely demand too much attention from those who are concerned in the prevention and cure of diseases. There are few medical men who have not to mourn losses by tubercle in their own immediate circles, none who are not brought face to face with its manifestations daily. Attacking members of all classes at every age, hiding itself in varying disguise, and finding its nidus in every organ of the body, it is a foe likely to inspire the imagination and zeal of its opponents. Personal considerations, commiseration for the afflicted, and the hope of honourable gain combine to make the pursuit of a means of prevention and cure persistent and strenuous. It is only natural and right that it should be so. But the very seriousness of the problem, its old-standing, and the very gradual, if steady, evolution of our knowledge concerning its factors should have forbidden panic and fostered a wise reserve in accepting, unquestioned, the promises of every new and startling cure.

But the attitude of the profession, the pattern upon which the attitude of the public is to be at once moulded, has not been of this order. To go no further back than Koch's discovery of the *bacillus tuberculosis*, every suggestion of a hope has been seized in a spirit of flurry, hunted in ill-considered enthusiasm, adopted for all and every case without discrimination, and hailed as the long-desired panacea. The natural result has followed

in prompt retribution; the temporary improvement in a few cases has faded away again, the ill-effects of indiscriminate use have revealed themselves, the pretensions of the cure have been first questioned and then denied, and in a few months the "new treatment," like a new gold-digging, has been abandoned without even allowing its late followers to collect the few nuggets of real gold which the rush has afforded. Least of all has the disappointment taught caution and judgment.

This has not happened once or twice, but repeatedly. Perhaps the most striking example followed Koch's premature announcement concerning the action of tuberculin, of which it may be said with truth that the news of the discovery was torn from him before he had had time to test it sufficiently. It is not necessary to recapitulate the "boom" which followed its publication, the extravagant eulogies which were heaped upon an untried method, the reports of "cures" wrought by it in a few short weeks in cases concerning whose ultimate end it would now be unkind to enquire. We can all of us remember the various stages of that fever, its too short incubation, its violence, the shortness of its course, and the mental sickness which followed it. The medical Press of those months will furnish curious reading to the student of the future. In judging our folly, he will perhaps find extenuation for a first attack, but what will he find to say of similar outbreaks with their familiar *sequelæ*?

And now we are invited to go wild over a new cure for tuberculosis—not, indeed, that it is really new, as Dr. Arnold pointed out in his recent well-reasoned and scholarly paper, read last month before the British Homœopathic Society. The new "boom" is but a revival of a method introduced to the notice of the profession by Brehmer in his doctoral thesis many years ago, and practised by him with promise and success for many years, without much notice or imitation, however. This fresh air treatment of phthisis contains much that is hopeful and promising. The very fact that it can be proved to be *not* new, but to have put some history behind it, is of good augury. For this reason we beg that it may receive fair trial. Public meetings, the formation of new Associations, the inevitable subscription list, and the laudation of the Press make us, we confess,

a little uneasy. It all smacks too much of the history of those earlier vaunted "cures" which many would seek "rather to forget." It will be a thousand pities if the lot of this "cure" be similar to theirs, if ill-reasoned adoption leads to ill-considered application and unmerited discredit. The statistics of the Spartan exposure of weakly members of their nation on mountain tops are not "to hand," from which we may gather that the results were not invariably satisfactory to the patient.

For us, as disciples of the great Hahnemann, there is no excuse if we fall into the cardinal error of treating the disease rather than the patient. As long ago as the ancient Great Plague it was recognised, *nec ratio remedi communis certa dabatur*, there was no remedy which met all cases, but it was reserved for Hahnemann to demonstrate how the earlier manifestations of a dyscrasia may be detected and defeated; the law of similars once realised, it becomes a question of specialising the case. To us, therefore, it is plain that no one drug and no one measure will avail for the cure of all cases of any one disease. Mr. Hurndall has recently put the matter in a nutshell in our columns: "I maintain," he says, "as the result of personal experience, that tuberculosis in the majority of cases is amenable to the action of properly-selected remedies, and that persons so restored to health are really cured. Under the influence of such treatment the virus of the disease is overcome and destroyed by a stronger power, and not merely allowed to languish and die, as is the case when nature, under the open-air treatment, makes her effort to gain the mastery." It does not follow at all that the open-air treatment is not to be used as an adjuvant, but it does follow that the cases subjected to that treatment should be carefully selected upon a consideration of the patient himself and of all the factors that contribute to his condition. In the discussion upon the papers of Dr. Arnold and Dr. Wheeler this point was emphasised again and again, and a note of some satisfaction with our present methods was very dominant, and this as a result of observation and experience.

We trust that the wisdom of moderation will guide the profession at large in this new departure, and that we shall be spared the humiliation of watching another *volte-face* before the tubercle bacillus.

## VESICAL CALCULUS REMOVED BY LITHO- LAPAXY IN A MAN AGED 87.

Reported by Dr. GALLEY BLACKLEY and Mr. KNOX SHAW.

COL. W., aged 87, retired from the service more than 40 years ago, after spending 25 years of his life in India. During this time he suffered frequently from malarial fever and dysentery, and twice from cholera. He had touches of ague at intervals down to the year 1890, but has remained free since that date. The patient is a small-made, "dapper" little man of somewhat mercurial temperament, and, until recently, of very active habits. He has always been temperate in the matter of wine, but took claret with meals regularly until two years ago, when he substituted cider and whisky. On November 16th last he applied to Dr. Galley Blackley for help in the matter of urinary troubles, which he said commenced two years previously with great turbidity of the urine, and increased frequency of micturition; before this time he had had little or no trouble with the bladder, and had never passed gravel or sand. He had been under treatment (allopathic) without intermission until a few weeks before the above date, and had been taught by his medical attendant to empty the bladder twice in the 24 hours with a soft rubber catheter.

On November 16th, but for a slightly worn look, as if from loss of rest, the patient's age might very well have been taken for 67 in place of 87. His pulse was 68, fairly soft, and regular, but for the dropping of a beat about once in every 20 beats. Neither radials nor temporals were visibly tortuous, and there was only a very moderate amount of arcus around the cornea. The tongue was slightly coated with a silvery coat, and patient complained of loss of appetite. The bowels were regulated with extreme difficulty, either aperients or enemata being a necessity. Per rectum the prostate could be felt much enlarged and firm, but fairly symmetrical. Micturition took place every two hours during the day, and latterly every hour during the night (in spite of catheterisation at 10 p.m.) The urine was pale and turbid, and smelt faintly ammoniacal. It had sp. gr. 1018, was moderately alkaline in reaction, contained about  $\frac{1}{4}$  gramme per litre of albumen, and left to stand, deposited a fairly compact layer of pure

pus, about  $\frac{3}{16}$  of an inch in height, without any ropiness, or other indication of the presence of mucus. The patient was using a No. 8 *coudé* catheter, and could introduce No. 10 with some trouble.

Under steady exhibition of *pulsatilla* 1x, and the free use of barley-water, containing about a drachm of boric acid in each pint, the urine soon lost its alkaline character, and the quantity of pus, and its attendant albumen, also quickly fell, so that by the 29th of November, when the patient was first seen in consultation by Mr. Knox Shaw, the urine was merely turbid, pale, of a specific gravity of 1010, fully acid in reaction, and containing the barest trace of albumen or phosphates reducible by heating; but the frequency of micturition still continued. To the finger the radial artery felt fairly soft, but the tracing taken about this time shows



Fig. 1.—Tracing taken December 3rd.

the tension to be fairly high.

The sound at once revealed a small stone lying behind a moderately enlarged prostate, the bladder wall appearing to be in a fairly normal condition.

The question at once arose as to the propriety of attempting the removal of the stone. It was clear that to leave it was to condemn the patient to misery for the rest of his life; for though he was aged 87, it seemed likely that, if the present difficulty could be removed, he might live for several years longer. Dr. Blackley said a man was as old as his arteries, and he saw no reason why the operation should not take place, provided it was undertaken rapidly, and with a minimum of injury. On December 8th he was anæsthetised, when it was found that the tortuosity and calibre of the prostatic urethra entirely prevented the easy admission either of the evacuator or lithotrite unless considerable injury were done to the part. So further attempts were discontinued. For a month his prostatic urethra was carefully dilated by means of Reginald Harrison's *bougies à ventre* and

gradually increasing sizes of *coudé* catheters, until by the first week in January a No. 12 Weiss' lithotrite, and a No. 12 evacuator could be passed painlessly without an anæsthetic. At first arnica 1x was administered after each urethral manipulation. On January 8th he was again anæsthetised, and the stone successfully crushed: the time from the commencement of the anæsthesia till the patient was in bed again being just 30 minutes. The contents of the evacuating bottle were practically bloodless, showing a minimum of injury to both prostate and bladder, and justifying the preliminary dilatation. The calculus was mixed uric acid and phosphate, and weighed, when dried, 96 grains.

The patient's progress after the crushing was absolutely uneventful; a mere trace of blood was seen in the urine during the first few days, and he was downstairs 48 hours after the operation. The irritability of the bladder was immensely relieved, and the patient has never needed since to rise more than once in the night. On January 13th the urine showed the faintest trace of albumen with Heller's test, and the deposit was found to consist of pus corpuscles, a few red blood corpuscles, a few squamous and tailed epithelial cells, and one or two crystals of uric acid. The patient was up and about, and at the end of another few days was out walking in the morning and driving in the afternoon. The tracing of the pulse taken on February 18th shows



Fig. 2.—Tracing taken February 18th.

a remarkable change for the better in its quality. The urine examined a few days later was 1014, acid, barely turbid, giving no ring with Heller's test, and the faintest possible with saturated solution of salicyl-sulphonic acid.\* No nucleo-albumen (mucin) could be detected. The deposit, a mere floating cloud, showed leucocytes and a very few squamous epithelial cells.

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\* Capable of detecting 1 in 100,000.

**MALIGNANT DISEASE OF THE BODY OF THE  
UTERUS** (*continued*).By **GEORGE BURFORD, M.B.**Physician for Diseases of Women to the London Homœopathic  
Hospital.

**THERE** yet remain three other forms of malignant disease of the uterine body requiring consideration. These differ from each other and from carcinoma in symptoms, in time of appearance and in duration. In two of these varieties the clinical course is rapid, general metastases are common, and the prognosis bad, after the early stage is passed. In the remaining form the clinical course is slow, often extending over years; metastasis is quite a late feature, and prognosis, so far as non-recurrence after removal is concerned, is much more assured. Although the inevitable issue of all these forms of malignant disease, when inadequately treated, is a lethal one, the various clinical courses are so diverse as to allow and require differential diagnosis.

*Sarcoma of the Uterus*

is a comparatively rare form of malignant uterine disease. Like carcinoma, it most often occurs at the menopausic age, but it may originate at any time after puberty, or again may not be initiated until years after the full induction of the change of life.

The pathological forms it assumes are two-fold. The first closely simulates the physical characters of uterine fibroids. The second in its clinical features is scarcely to be distinguished from carcinoma of the uterine body.

As regards the former type, it is taught by Virchow and others to be a malignant transformation of an ordinary uterine fibroid. An apparent fibro-myoma, latterly quiescent or noticed for the first time after the cessation of menstruation, grows rapidly, causes more or less pain, is accompanied by a thin brownish discharge, with or without actual hæmorrhage. The course is rapid; infiltration into the broad ligaments and distant metastases occur, and a fatal issue soon supervenes.

In a case under the supervision of Dr. Neild, of Tunbridge Wells, there was existing a large uterine tumour, with all the physical characters of a uterine



fibroid. The patient was past the menopausal age ; she had a persistent brownish non-fœtid uterine discharge ; there was no hæmorrhage. Glycosuria developed during the progress of the case. During the history, metastatic nodules appeared in the vagina, and the patient soon succumbed to the malign influence of uterine sarcoma.

The clinical symptoms, apart from the physical signs, are characteristically those of the malignant genus. Marked deterioration in the general health, loss of flesh, loss of strength, anæmia if hæmorrhage be present, and a muddy, sallow complexion, characterise this disease when fairly developed. Pain may be quite moderate, scarcely exceeding discomfort, in the early stage ; more marked as the disease progresses. Hæmorrhage may, and often does occur, at irregular intervals, while a brownish leucorrhœa usually is persistent.

The physical signs are those of a rapidly enlarging solid uterine tumour ; the pelvis is filled with this hard irregular mass, and the uterus is immovable. Metastatic nodules are sometimes to be felt in the vagina ; enlarged veins often course in the abdominal wall over the tumour ; and the distended abdomen contrasts painfully with the bony thorax and the shrunken extremities.

The clinical course of sarcoma of the uterus, in either of its types, is rapid as soon as constitutional symptoms show themselves.

As regards the second type, the tissue primarily affected is the uterine mucous membrane. Diffuse infiltration occurs, and while the pathology of the lesion indicates sarcoma, the physical signs and clinical symptoms are practically those of carcinoma of the uterine body. The progress is, however, much more rapid than that of corporeal uterine carcinoma.

In the early stage of this diffused mucous type, the body symptom is persistent brownish leucorrhœa, tending to become more profuse. Pain is variable ; it may be, at first, inconstant or nearly wanting, but tends to be severe and persistent as the case develops. Hæmorrhage occurs from time to time, chiefly in the later history of the case. As the disease progresses the well marked constitutional indications of malignancy, anæmia, sapræmia, and marasmus occur.

But the local symptoms may be well advanced before constitutional indications appear. Thus in a case seen with Dr. March, of Reading, a well-nourished lady of 70 years had had a continuous brownish leucorrhœa for some time. It was neither excessive nor fœtid. There was no pain, no cachexia, no loss of flesh. Vaginal examination indicated a soft bulky mass occupying the anterior cul de sac; the cervix was well back and quite patulous; blood stained the examining finger. Diagnosis, uterine sarcoma. The patient succumbed in a few months to the disease.

*Malignant Adenoma of the Uterus.*

Like the preceding varieties of malignant uterine disease, the preferential time for the appearance of this type is about or after the menopause. It is usually post-climacteric in manifestation, though not invariably so; an isolated case has recently been observed where the age of the patient was only some 40 years.

The first case was described not long ago by the late Matthews Duncan. "The patient was single, 52 years of age, and in good health up to two years previously, when a copious red watery discharge made its appearance. This discharge persisted up to date, it was never fœtid. Nine months after its commencement occasional vaginal hæmorrhages also occurred, with the discharge of 'fleshy pieces.' Her appearance now is that of a weak anæmic woman; she complains of pain in the back and lower abdomen. The pain is worse at times, and especially during the night." The patient died five months later.

The leading features of the disease are:—

1. The usual initiation of the symptoms well after the climacteric.
2. Their slow development, with none of the constitutional evidences of malignancy for many months.
3. During this period there is usually persistent pinkish vaginal discharge, and some time after initiation, recurring hæmorrhage.
4. Late in the disease the local and constitutional symptoms and signs are obviously those of malignancy.

The physical signs include obvious enlargement of the uterus; the penetration of the uterine tissues, on passing the sound to the limits of the cavity; the mobility of the uterus, fixation not occurring until a very late stage; and the qualities of the uterine discharges already discussed.

The insidious beginning, the chronic course, and the long absence of fœtor in the discharges are more marked in this than in any other form of uterine malignant disease.

### *Deciduoma Malignum.*

In 1893 Sanger, of Leipsic, wrote a classical monograph on this newly discovered disease, whose clinical course and pathological characters he for the first time described.

It is essentially a malignant degeneration of the decidual tissues peculiar to gestation, and consequently only occurs in connection with pregnancy. Further, it only commences after the pregnancy has been terminated, and does not develop during the active and growing stage of gestation. Finally, the majority of cases are those where the preliminary pregnancy has been more or less abnormal—*e.g.*, after hydatid mole or abortion.

The clinical course is typical and well marked. Usually, within a few weeks after the emptying of the uterus, repeated attacks of hæmorrhage occur; these are sudden, profuse, and may leave the patient exsanguine. During the intervals between the bleedings there persists a thin brownish discharge. Before long this becomes fœtid; and marked constitutional symptoms of malignancy and septicæmia now develop; rapid loss of flesh, loss of appetite, and the pallor of anæmia and cachexia show themselves.

The physical signs are no less clear. On the initiation of the symptoms the uterus commences to enlarge, and may ultimately reach the dimensions of a four months' pregnancy. On dilatation of the cervix, fungous, spongy masses of tissue, growing from the uterine walls, may be removed by the curette or the examining finger. Microscopical examination of these furnishes confirmatory evidence; but here, as elsewhere, the clinical symptoms well observed are sufficient usually to determine the diagnosis.

The termination is early and fatal, being hastened by metastatic deposits in the various organs of the chest and abdomen.

In a case under the supervision of Dr. Madden both the clinical condition and the microscopic appearances lent themselves to different interpretations at the hands of various experts. Finally, the histology was decided by Professor Hamilton to warrant the diagnosis of deciduoma malignum. Vaginal hysterectomy was therefore carried out by us, and with a successful issue.

Our next and concluding paper will deal with certain points of importance in the general consideration of the subject, and with the appropriate treatment of the various stages of uterine malignant disease.

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## THE TRANS-SACRAL METHOD OF EXCISING HIGH-SEATED CANCER OF THE RECTUM, WITH AN ACCOUNT OF FOUR CASES.

By DUDLEY WRIGHT, F.R.C.S. Eng.

Assistant-Surgeon and Surgeon for Diseases of the Throat and Ear  
to the London Homœopathic Hospital.

A NEW era in the operative surgery of rectal cancer commenced in 1885, when Kraske, of Freiburg, communicated to the medical world his method of removing high-seated malignant tumours of the lower bowel.

Up to that time the removal of such growths had been limited to those cases in which the upper margin of the tumour could be easily reached by the examining finger, and the perinæal route was the only one adopted, and a large number of cases which now-a-days, owing to Kraske's initiative, can safely be dealt with, were left to succumb to the relentless invasion of the neoplasm.

The trans-sacral route, as the name implies, is the method by which rectal growths are attacked by removing the lower portion of the sacrum and the coccyx, and reaching the rectum at its posterior aspect. By this means, the whole of the lower bowel below the margin of the peritoneal reflection is brought under control, and, if need be, the bowel above this can be easily dealt with by opening the peritoneal cavity in the immediate vicinity of the rectum.

In Germany, many operators have adopted this method, and in the hands of some the original operation has undergone certain advantageous modifications. In this country, however, it appears that surgeons have been slow to make use of the advantages which this method holds out, and until Charles Ball, of Dublin, published in 1895 the result of three cases which had been under his care, I believe that the operation had not been performed in Great Britain. Since that time, however, it has received more attention, and it seems to be gaining in favour, both here and in America.

The following cases, in which I have used this method, will serve to illustrate the technique of the operation, and form the text of the remarks which follow.

#### CASE I.

William A., aged 57, in July, 1897, gave the following history :—Eighteen months ago first noticed some bleeding from rectum. This was rather severe, and came on whilst he was at work. Next he noticed that his motions were tape-like and very small in quantity, and that he passed blood and mucus with the stools. These symptoms continued up to the present time. The motions grew less in quantity, the blood and mucus greater, and he has, besides this, lost much flesh. He has had no pain. Family history free from cancer. Has been a great drinker.

Examination per rectum. A hard nodular growth, occupying the whole circumference of the rectum, is felt about four inches from the anus. It has a "cauliflower" nature, and it nearly entirely occludes the lumen of the bowel. It is not fixed to surrounding structures. Lower down in the rectum is a small polypus springing from the posterior wall. Examination did not cause pain, but a good deal of blood was passed afterwards.

There was considerable distension of the abdomen. The inguinal glands of both sides were enlarged, and a scar exists where a bubo had been opened several years ago. The lumbar glands could not be felt.

On June 23rd, after a consultation with my colleagues, and with the patient's consent, the following operation was performed :—

Gas and ether were administered, and the patient put into the lithotomy position, with a pillow under the pelvis, so as to tilt it as much as possible upwards. An incision was made in the middle line from the anus to the middle of the sacrum. The parts were dissected off from the bone, and the coccyx and lower two pieces of sacrum removed with bone forceps. The rectum was thus exposed lying in the bottom of the wound. It was then dissected from its connections, and was cut across well above the growth and removed entirely, nearly to the anus,  $4\frac{1}{2}$  inches of the bowel being thus excised. In dissecting it away the peritoneum was opened. The upper part could not be brought down satisfactorily to the original anal opening, so the bowel was sewn to the skin slightly higher up in the incision, and the rest of the wound closed with sutures.

The patient was much collapsed after the operation, but rallied with restoratives.

For the first four days after the operation, he did very well. The temperature remained nearly normal, and he only complained of slight abdominal pain. Urine had to be drawn off with the catheter. On the fifth day a violent attack of diarrhœa occurred, the fæces pouring out and rapidly infecting the wound, so that the stitches gave way. As a result of this the wound gaped considerably, and symptoms of septicæmia supervened. One rigor occurred. He gradually became weaker and died 13 days after operation.

At the post-mortem the general peritoneal cavity was normal. No enlarged glands or secondary growths were found. The wound was in a very unhealthy condition, sloughs were present in parts, and in the pelvic tissues, between the bladder and the bowel, where it had been stitched to the wound, was a localised abscess. Although no sutures had been used to close the incision in the peritoneum made at the operation, the wound had become closed well with plastic lymph before infection occurred, thus shutting off the general peritoneal cavity from the rest of the wound, and preventing peritonitis.

#### CASE II.

Annie C., aged 46 years. About eighteen months ago first noticed pain on defæcation. She consulted a doctor, who told her she had a rectal growth. The pain has

continued up to the present time. No family history of importance. Examination showed that there was present in the rectum, about 8 inches up, a nodular growth, springing from the posterior wall. It is about the size of a large walnut, but higher up it appears to be prolonged into a narrow projection, which hangs down with a nipple-like process over the rest of the growth below.

Operation, October 26th, 1897. Gas and ether anæsthesia. The patient was placed lying prone on the operating table, the pelvis resting on the edge, and the legs hanging over and kneeling on a chair. The incision was made as in former case, only stopped short about 1 inch from the anus, the same amount of the sacrum and the coccyx being removed. A bougie was placed in rectum and greatly facilitated the dissection. Five inches of bowel were removed, this including a portion of the sigmoid flexure which was pulled down after opening the peritoneum. The anal canal was left intact, but its mucous membrane was dissected off and the sphincter left. The upper portion of the bowel was now pulled down and invaginated into the anal canal and sewn to the edge of the skin, from which the mucous membrane had been dissected. The whole of the wound was closed.

There was not much shock after the operation. The bowels began acting on the second day and slightly infected the wound. This caused two of the stitches to give way and allow fæces to escape slightly by the posterior opening. The rest of the wound granulated up well, but the fæces still passed out by the opening posteriorly as well as through the natural passage. A few weeks later the former opening was closed by a plastic operation, and from that time the bowels acted by the normal route.

I have just seen the patient, sixteen months after the operation. She is in good health, there is no return of the growth, which proved to be a round-celled sarcoma, and she has complete control over the action of the bowels, and does her household duties better than she has been able to do for many years.

### CASE III.

Henry W., aged 55 years. First seen May 9th, 1898. History.—About six months ago had bearing-down

sensation in rectum, and could touch something hard just within the passage. After the bowels had acted a great deal of mucus came away and slight amount of blood. Eventually, the call to stool was so frequent that he was not able to get about at his work. Previously had not suffered from constipation. Has had a few attacks of gout. No family history of cancer. Has been a great drinker—whiskey and beer chiefly. Heart, lungs and other organs apparently healthy.

Examination of rectum showed skin around anus eczematous. Small conical growth projecting from posterior margin, and this is continued upwards into a large round ulcerated mass, with over-hanging edges, which passes upwards about  $2\frac{3}{4}$  inches, including the posterior and right lateral aspects of the bowel. In the right side behind, in the concavity of the sacrum, can be felt an enlarged gland, which is not adherent to parts around. The tumour itself is not fixed to the neighbouring structures.

Operation, May 13th, under gas and ether. Patient was placed in the prone position, both legs hanging over the end of the table in a kneeling position on a chair. The steps of the operation were the same as in the former two cases, only more of the sacrum had to be removed, as the growth extended higher. There was some difficulty in separating the rectum from the bladder and prostate. The peritoneum was freely opened, and the bowel amputated 5 inches above the anus. None of the sphincter could be saved, so, after closing the peritoneal opening with a continuous silk suture, the bowel was fixed to the skin at the upper margin of the wound, close to the stump of the sacrum, the rest of the wound being closed, except at the situation of the former anus, where a drainage tube was inserted.

There was a considerable amount of shock, as the patient had lost a good deal of blood, and, owing to the difficulty in separating the parts, the operation had lasted two hours. The patient, however, rallied under hypodermic injections of strychnine.

All went well until the second day, when fæces began to come away and, as in the former cases, infected the wound. Very much the same symptoms occurred as in Case I., and in spite of stimulants and strychnine he gradually sank, and died on May 19th from septicæmic wound infection.



CASE IV.

Louisa T., aged 41. Sent to me by Dr. Cronin. Her history of present illness commenced four years ago, after last confinement. The bowel began to prolapse after going to stool. She thought she was suffering from piles. Pain came on, especially after passing a motion. Discharge of mucus frequent, but no bleeding until two months ago, when all the other symptoms underwent aggravation. Has lost nearly a stone in weight during last eight months. No family history of cancer.

Examination of rectum showed a growth on the posterior wall, starting close to the anal margin and running up as far as could be reached with the finger. It is ulcerated, with heaped-up edges. It involves the muscular coat, but apparently does not extend beyond the wall of the bowel. It passes slightly on to the lateral aspects of the bowel. One gland is to be felt in the concavity of the sacrum. No lumbar glands can be felt enlarged.

Operation, November 4th, 1898. Lithotomy position, with small pillow under the pelvis. The coccyx and lower third of sacrum removed. In removing the bowel, more of the posterior wall than of the anterior was excised, as the growth encroached more on the former. Two glands in the sacral concavity were also removed. No part of the sphincter could be saved, as the growth extended too far down to allow of this with safety. The gut was stitched to the skin margin at the original anal opening.

The patient stood the operation well, and progressed well, with only a slight amount of fever. On the fifth day two stitches were removed, as it was found that there was some tension, and this allowed of the escape of a small amount of pus from the lower part of the wound. Otherwise healing went on well, and the patient was discharged in a fairly strong condition.

I have lately seen her. She has very little trouble with the bowels so long as she keeps the motions fairly hard. Of course, without a sphincter she has no control, but if the above precaution is taken she gets on very well, and gets about her household duties with comfort.

*Remarks.*—I presume that the result in Case No. II. is as good as could be wished for. Case IV., owing to the length of bowel involved, and the impossibility of leaving any sphincter to control the evacuations, was less satisfactory. The other two patients unfortunately died. This result is disappointing, though not surprising. Both had gone through a period of considerable suffering before being operated upon, and in consequence of this vitality was much lowered, and, moreover, their past history as regards alcohol was much against them. However, even in such cases, with the experience gained by these failures, I should now look for a better result. In neither was it the immediate shock of the operation, but the effect of sepsis afterwards, which carried them off, and this sepsis was the direct result of the fouling of the wound cavity with the bowel evacuations. This might have been prevented had more care been taken beforehand to thoroughly empty the lower intestinal tract, the accomplishment of which was rendered difficult by the great narrowing of the passages caused by the rectal growth.

To overcome the risk of septic infection of the wound with faeces, some operators perform a preliminary inguinal colotomy. This, no doubt, is a useful measure in some cases, and in future I shall be inclined to adopt it when there is any difficulty in emptying the bowel as a preliminary measure, the colotomy opening being subsequently closed by a plastic operation.

It is essential for the success of the operation that the malignant growth be limited to the wall of the bowel. If it is fixed to adjacent structures, such as the bladder, prostate or uterus, no radical operation interference is justifiable. I do not think that the presence of post-rectal enlarged glands in the curve of the sacrum are necessarily a bar to operation. These may be enlarged without being malignant in cases of ulcerated growths, and can be easily removed at the operation, as was done in two of my cases.

The amount of the sacrum it may be found necessary to remove varies according to the height of the growth. If fairly low down, removal of the coccyx alone may be sufficient. It is never necessary to go above the third sacral foramen, as the amount of space given by such removal will be ample. The spinal theca extends only as

low as the second sacral foramen, so there is no risk of injury to that structure.

In separating the rectum from the structures around, it is well to insert a bougie through the anus, and commence dissecting from above downwards, and amputate the bowel above first, separating the lower part last. The two ends can now be approximated, but if there is too much strain to allow of end-to-end union, the peritoneal reflections may be cut, and the upper portion dragged down until the two ends meet. In Case II. I was able to bring the upper end down so far as to invaginate it into the lower and sew it to the skin margin, the mucous membrane being previously dissected from the anal canal, leaving the sphincter intact, and the ultimate result was excellent.

Complete closure of the sacral incision should be aimed at, though a drain may be used in its upper part. Under the strain of the first action of the bowels the lower stitches may give way, though the longer this action can be postponed the less likelihood is there of such an accident occurring. If the bowels can be confined for ten or twelve days, so much the better. If the sphincter is left it will act as an obstruction at first, and the wound will have to bear a considerable strain, and it is a good plan to divide the sphincter as a last step in the operation.

As the shock of the operation is always considerable, everything should be done to maintain the patient's strength, though liquid food only should be administered for some days beforehand, and for a short time afterwards.

In removing the affected part of the bowel, the amputation should be made at least half-an-inch beyond the growth, so as to avoid cutting through parts which are invaded by the disease. The bleeding at this stage is free, but is easily controlled with forceps put on each vessel as it is cut through. The lateral sacral arteries are the only other vessels which are likely to cause much bleeding, and these are easily controlled. It should be borne in mind that in dissecting free the upper part of the rectum in order to bring it down to the wound, the nearer one keeps to the sacrum and away from the bowel the less likelihood is there of doing any injury to the numerous blood-vessels which enter the bowel on its

posterior aspect, and which constitute its main blood supply. Injury to these is likely to cause sloughing of a part of the bowel.

The only part of the dissection which is difficult is the separation of the bowel from its anterior connections, such as the bladder and prostate in the male, or vagina in the female.

In conclusion, I would say that though the operation looks formidable, it is not by any means a difficult one, and so long as asepsis can be insured the result should be uniformly good.

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## THE TOTALITY OR THE CHARACTERISTIC?\*

By GEORGE G. SHELTON, M.D., New York.

IN the use of terms descriptive of the methods of prescribing remedies in accordance with our therapeutic law, the two terms "totality and characteristic" are met with more frequently than any others. The relation that these two bear each other is a matter upon which some differences of opinion may exist. Hahnemann, in his *Organon* and other writings, refers to the characteristic symptom in a general way; in fact, he does not define it at all as the *sine qua non* in the selection of the remedy; on the contrary, he emphasises in numerous instances the totality of the symptoms as the one and only rule upon which a true homœopathic prescription can be based. And yet, throughout the literature of our school, writers on *materia medica* and prescribers have always considered that certain symptoms are truly characteristic of certain drugs.

In Section 104 of the *Organon* we find this sentence: "When all the prominent and characteristic symptoms collectively forming an image of a case of chronic, or of any other disease have been carefully committed to writing, etc." And again, in Section 209, we find in a longer paragraph this clause: "To mark the most conspicuous and peculiar (characteristic) symptoms, guided by these, etc., etc." These are the principal references in the *Organon* to characteristic symptoms,

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\* Reprinted from *The North American Journal of Homœopathy*, August, 1898.

and we cannot assume that by this brief reference to them that they are to be considered all-important as the guides to drug selection.

On the other hand, we find in Section 18 the same authority referring to the totality in these words: "Hence, it undeniably follows that the totality of symptoms, observed in each individual case of disease, can be the only indication to guide us in the selection of a remedy." The "only indication" italicised in the translation. Again, in Section 7, in defining the cause of symptoms, he states: "Hence the totality of these symptoms, this outwardly reflected image of the inner nature of the disease, that is, of the suffering vital force, must be the chief or only means of the disease to make known the remedy necessary for its cure: the only means of determining the selection of the appropriate remedial agent." In short, totality of the symptoms must be regarded by the physician as the principal and only condition to be recognised and removed by his art in each case of disease, etc.

It seems to me that Hahnemann's position on this question was very clear and distinct. That the totality of the aggregate symptoms should be the only guide for the selection of the remedy. What, then, becomes of the characteristic? And can we assert that the truly homœopathic remedy, that is, the remedy that truly represents the morbid expression of the disease, must also contain the characteristic?

Let us study this point a little further. A characteristic symptom is one that is peculiar to one drug, and not found in the pathogenetic effect of other drugs, and also one that must be verified in repeated provers, and not characteristic of some individual alone. For example, the fear of downward motion of borax, or the amelioration by being carried of chamomilla, are truly characteristic. Again, the peculiar delirium of baptisia that we have all seen repeatedly expressed at the bedside, viz., the sensation as if the body were divided in several parts and scattered about the bed. These symptoms are truly characteristic of these three drugs and peculiar to them, and are properly defined as characteristic symptoms. Are they always expressed in the totality, when these drugs are severally useful, or should we, finding other symptoms indicating these

remedies, hesitate to prescribe them when these striking and remarkable characteristics are not present? That is the question that has prompted this paper.

It is not possible for any observing physician to assert that these peculiar characteristics have not been of incalculable value in the selection of his drug, and the cure of his case. The cobweb on the face of graphites, the splitting in the lower lip in pulsatilla, the hour of aggravation of natrum, the waving of the alæ of the nose in lycopodium, and the picking of the nostril in arum, have been the guides that have suggested these several remedies in the most deadly diseases that we have to combat, and have led to brilliant results, and we cannot discard them in our daily work, nor safely eliminate them from our symptomatology.

The casual reader of a homœopathic materia medica cannot but be impressed with the usual symptoms expressed therein as indicative of certain remedies. It would seem to the student that a practitioner of medicine would wait a long time before he would hear a patient express himself in the words of the baptisia symptom related above, and yet this has occurred in my experience in several instances, and I have treated and saved cases of pneumonia, guided by this peculiar expression, in which the language of the patients in their voluntary statement was almost word for word that of the text-book, as recorded from the proving, and yet the action of baptisia on the lung is exceedingly limited. It in no way produces anything like inflammation of lung tissue. In one or two instances I have had most gratifying results when some such characteristic was expressed or observed, and yet the totality did not call for the drug, but the characteristic was distinctly manifest; but by enabling the characteristic to outweigh many other symptoms, that, while present in the pathogenesis of the same drug, were found among other symptoms, enabled me to select the remedy. The key to the selection, however, was the peculiar characteristic symptom. This brings a very fine point in the teaching as well as the use of a homœopathic materia medica.

To further illustrate my position let me relate a hypothetical case. A patient, suffering from typhoid fever, having passed the various stages of the disease, does not rally. Increasing prostration and loss of vitality

seems to be the general tendency. The tongue may be red on the tip, dry ; restlessness pronounced ; thirst a constant symptom ; cold things desired ; a decided nocturnal aggravation and general aching and malaise. A very good picture of *rhus*, and *rhus*, pathogenetically, is one of the foremost remedies in such a condition of typhoid fever. It would naturally suggest itself, and here we have five or six prominent symptoms in the patient, prominently manifested in the pathogenesis of a drug and also prominent in the treatment of this disease. Incidentally I notice the constant boring of the finger into the nose and the picking of the lip—pathologically indicative of degeneration of the nervous system. *Rhus* does not possess this symptom, but the aggregate symptoms expressed by the patient are for *rhus*. Shall I now depart from *rhus* and seek some remedy, of which there are more than one, in which the boring of the finger into the nose and the picking of the lip is pathogenetic, or prescribe *rhus* ? *Arum triphyllum* has this peculiar symptom ; study its pathogenesis, which, by the way, is not thoroughly proved, and we find that some of the symptoms expressed by *rhus* are also found under *arum*—not all ; and yet the one persistent manifestation on the part of this patient is the symptom noted. All of the other symptoms, though indicative of *rhus*, can be found among other drugs, while no other drug possesses such a striking symptom so repeatedly manifested ; in other words, so characteristic, as the boring of the finger into the nostril. Therefore the conclusion must be that, in this instance, the totality of the symptoms, numerically speaking, is for one drug ; the value of the symptom, pathogenetically speaking, is for another, and herein we find a characteristic which, in itself, should receive weight beyond the expressed totality, but we also find that the totality is not the totality of one single drug, but of many, whereas the characteristic is peculiar to this one most prominently, and embraces some of the symptoms of the totality.

In the treatment of chronic disease, it would seem to me that the totality would be the one invariably to follow, and here I wish to repeat an assertion often made by me in the classroom, that pathological and symptomatic harmony are indispensable to the accuracy of the law of similia, and so I believe that in the treat-

ment of chronic diseases we will find comparatively few instances in which the peculiar characteristic, of which the one stated above forms a type or class, will not be embraced in the totality. Those peculiar characteristics are found in the acute cases or cases that develop unusual conditions in the progress of acute diseases and rarely in chronic diseases. Of all the characteristics that seem to me to present the most interesting points of study, those of the mind and the disposition are of the greatest value. The peculiar delirium of belladonna, stramonium, hyoscyamus; the peevishness of antimonium; the arrogance of platinum and the melancholia of veratrum, all in themselves should far outweigh many of the associated symptoms when selecting the remedy. For the general symptoms of many diseases are very similar. You do not find patients with pleurisy amusing themselves by deep inspiration, or a joint affected by articular rheumatism constantly moved and tossed about, and yet we find our most valuable remedy for the latter oftentimes rhus, that has a horror of being still. That symptom of restlessness, so characteristic of the drug, must subordinate to the rest in the totality by the very nature of the ailment. Again, individual idiosyncrasy plays a most important part; patients can mislead by exaggeration or intention in the general symptoms, but the characteristics are uniformly involuntary, not controlled by the will, and the patient, unless educated to deceive, is unaware of their expression.

The truest prescriber is the best observer, not the closest questioner. How, then, can we reconcile my statements with the quotations from the Master himself as read at the beginning of the article? I do not think that the difference is so very great. It is only by our appreciation of the relative value of symptoms that we can make these points harmonise, and the true characteristic symptom, that is, the symptom peculiar to a single drug, found in that drug only, repeatedly manifested in its proving, will universally be found as but one of a group of symptoms which do express the aggregate or totality of the symptoms expressed by the patient, and, in so far as we are unable to make these points harmonise, in so far our knowledge of the drugs and their proving is limited.



To go back to arum. I do not believe we yet know all the symptoms that drug contains, and further study may show that when its characteristic is prominently present the totality will also indicate the drug. Neither do I believe that we will find the movement of the alaë of the nostril as true expression of prostration unless we find a distended abdomen, an afternoon aggravation and tissue changes, such as are found only in lycopodium.

## REVIEWS.

*A Practical Treatise on the Sexual Disorders of Men.* By  
BUCK CARLETON, M.D.

THIS volume is written by the well-known genito-urinary specialist of the New York Hahnemann Hospital, and, to our mind, affords another proof of the value of special work and special departments in hospitals. The book deals mainly with the diseases of the male sexual organs, but includes as well a good account of the various psychopathies connected therewith.

The first two chapters are chiefly of an introductory nature, dealing with the physiology and ætiology of sexual disorders, and, following these come two more—to our mind, the best written and most interesting in the book—on acute and chronic seminal vesiculitis and ampullitis.

So little attention has been paid to this disease, and so little written on the subject, that it is most gratifying to find a homœopathic text-book giving such a full and lucid description of it.

The account is all the better in that it gives evidence of considerable practical acquaintance of the disease on the part of the writer, and is not merely a compilation from other books; a virtue which is, indeed, apparent in all the chapters.

In the treatment of the complaint the author has had considerable success with the use of a rectal psychophore, using alternately hot and cold water. This is combined with so-called stripping of the vesicles, *i.e.*, gentle massage with the index finger (covered with an india-rubber cap) in such a manner that the contents of the vesicles are expressed into the urethral canal.

The chapter on the various forms of prostatitis are also complete. That on chronic enlargement of the prostate is full of useful hints as to treatment and general management of these common, and oftentimes troublesome, cases.

Impotence and sterility are well discussed, the former being divided into psychical, symptomatic, and organic forms. The first variety is that in which erection is possible when the patient is alone, and excited by lascivious thoughts and emotions, but is inhibited when coitus is attempted. Ignatia and anacardium are here remedies of value. Symptomatic impotence is the result of some debilitating cause or a cerebro-spinal lesion, or a reflex from a local disease of the testicle. Organic impotence is due to absence, imperfect development, or disease of some portion of the male genitalia. It is obvious that such a classification as the above is of considerable value from a practical point of view.

There is a short chapter on Psychopathia Sexualis, which gives a good, if abbreviated, account of the various manifestations of this disorder; a subject which has received much careful treatment at the hands of Kraft-Ebing.

The volume ends with a synopsis of remedies. More than 100 drugs are dealt with, their genito-urinary symptoms being mostly considered, and it is a chapter that cannot fail to be of service.

We can, with confidence, recommend this work to general practitioners and students alike; and those who have made a special study of the diseases in question will find much in its pages that will be helpful to them.

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*A Text-book of Materia Medica and Therapeutics of Rare Homœopathic Remedies.* A Supplement to Dr. A. C. COWPERTHWAIT'S *Materia Medica*. By OSCAR HANSEN, M.D., Copenhagen, London: The Homœopathic Publishing Company, 1899.

"To Richard Hughes, Esq., M.D., Brighton, England, the indefatigable teacher of materia medica, this book is respectfully dedicated." This constitutes the first page of Dr. Hansen's little volume; next follows his preface in which he tells the reader the sources of his materia medica and therapeutics.

This work may be termed a selective compilation, and depends largely for its value on Dr. Hansen's personal reputation. Turning up a drug at hazard we find Ammonium phosphoricum is stated to be a "good remedy" for "nodosities of the joints; . . . arthritis deformans, chronic bronchitis in gouty patients, paralysis facialis, neuralgia rheumatica in the shoulder joint." These are empirical therapeutic hints on Dr. Hansen's own testimony, and as such we receive them with respect. That they have no pathogenetic basis is evident from the fact of no materia medica section being given. But many persons not acquainted with the author of

the book would ask "by what authority?" The same is true of many other remedies alluded to, *e.g.* — Eupion, lappa, lathyrus sat.

Of other remedies we should carefully inquire the nature or mode of preparation, of which no hint is here given, *e.g.* — bacillum, tuberculinum, psorinum, medorrhinum. A useful feature is that of annotations of allied remedies. See the section on Murex and many others.

We trust this book may be found helpful in some difficult cases, but it requires a repertory, and we should like to see it a little fuller.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the present session was held at the London Homœopathic Hospital, on Thursday, March 2nd, 1899, Dr. BURFORD, Vice-President, in the chair.

#### SECTION OF MEDICINE AND PATHOLOGY.—PAPERS ON PHTHISIS.

A paper was read by Dr. F. S. ARNOLD, of Manchester, on *The Modern Therapeutics of Pulmonary Phthisis*. He said that the tremendous outburst of interest in the question of tuberculosis is accounted for by the now established fact that phthisis, killing, as it does, 59,000 every year, is a curable disease. Until quite recently, the usual treatment of a consumptive patient might have been summed up as cod-liver oil and coddling, with Madeira to die in.

With regard to the use of antiseptics in the treatment of phthisis, it is obvious that the problem is to hit on a drug which will find out the tubercle bacillus in his lair, and slay him, without injuring the human cell in his vicinity. This problem has not been as yet successfully solved, and the antiseptic treatment of phthisis must be held to be on the whole a failure. Interesting experiments have been made by Dr. Murrell with some essential oils and other substances on the growth of the bacillus tuberculosis, with the result that, while the essential oils had not the smallest effect in retarding or inhibiting the growth of the bacilli, with formaldehyde it was quite otherwise, cultures in the latter case showing no growth whatever, indicating that the bacilli had been killed. The bubble of tuberculin was effectually pricked by Virchow in 1891, when he proved by post-mortem examinations that Koch's statement that the bacilli were not killed by the injections of the "lymph" was only too correct. So far from being killed, they were in many cases set free to roam about the

body and form metastatic deposits in various parts, even at considerable distances from the original focus.

References to the value of a plentiful supply of pure air, both as a preventive and curative of phthisis, may be found a long way back in medical literature. Climate has, until quite recently, been looked upon as *the* important factor, and not that which all climates hold in common, namely air. Among the pioneers of *aëro-therapeutics* the first place must be given to Brehmer, who founded the first sanatorium for consumptives. Brehmer, with others, holds that a small heart is one of the characters of the phthisical habitus, others being a long but narrow chest, weakness of the walls of the arteries, muscular feebleness, tendency to hyperæmia, and plastic inflammation of serous membranes. Brehmer deals also with the geographical distribution of phthisis, and enumerates four areas in which consumption never or extremely seldom occurs.—1. Iceland. 2. The Faroe Islands. 3. The Kirghiz Steppes. 4. High altitudes all over the globe. As it is impossible to discover any single factor or influence in which all the regions agree, that factor cannot be temperature, dryness or moisture of the air, barometrical pressure, clearness or otherwise of the atmosphere, for in these respects every possible extreme is represented in the immune regions. Confining the attention to the phthisis-free mountain regions, is there any factor in which all agree in differing from the lowlands? There is one and only one such factor—diminished barometrical pressure. What do we know about the effect of diminished air pressure on the organic life of man? We know from observations made by a large number of men of science that one constant physiological effect is increased frequency and force of pulse and respiration, with consequent increased rapidity of metabolism and heightened nutritional activity. Dr. Williams shows that residence in high altitudes causes at first a quickening of the normal rate both of pulse and respiration; after a time the rate drops to normal again in both cases, the fall in pulse rate being accompanied by more powerful cardiac impulse and a fuller vascular system, while the respirations also gain in depth as they diminish in frequency. The large size of the chests of dwellers in high regions has been noted by many observers. It is impossible to ascribe the immunity of Iceland, the Faroe Islands, and the Kirghiz Steppes to any cosmic influence, and we are reduced to the inquiry, is there any habit or mode of life of the peoples inhabiting these regions which can be credited with maintaining a high state of nutritional activity? There is such a factor in the enormous consumption of fat and butter by the Icelanders

and Faroe Islanders, and of koumis by the Kirghiz nomads. Fatty food increases pulse frequency and quickens metabolism. We have, then, in the foregoing facts clear indications for a rational treatment of consumption. Brehmer founded his sanatorium at Görbersdorf in 1859. The results obtained have led to the establishment of similar sanatoria in different parts of Germany, and there are now in that country 17 sanatoria for paying patients, and about 20 similar institutions for the poor, while there are building about as many again. France has three sanatoria for paying patients, and, including Corsica, five more building. The United States have 18 sanatoria. In this country there are no sanatoria for the poor, while for paying patients there are three established and two being built. The position of Great Britain in this matter is hardly one to be proud of.

The homœopathic drugs Dr. Arnold had personally found most useful are sanguinaria, jaborandi and iodide of arsenic. The first named has a definitely curative action in early phthisis, while jaborandi never fails to check night-sweats.

Dr. C. E. WHEELER, of Kingston, followed with a paper on *The Dispensary Treatment of Phthisis*. He felt a difficulty in saying anything on such a familiar subject. The fact he wished most to accentuate was that the majority of patients are unable to seek a climate better suited to them, or undergo a full and proper open-air course. In general, among hospital and dispensary cases, the proportion of advanced disease is high, patients only coming after other treatment has proved unavailing. Cases, however, come of young people (usually girls), exhibiting all the physical signs of commencing phthisis, cough with scanty expectoration, loss of flesh, and tendency to sweat at night, while examination shows slightly-increased vocal resonance and vocal vibration at one apex, with prolonged expiration sound and inspiration sound, not of a well-marked bronchial character, no râles. You insist on regular and sufficient feeding, teach how to breathe deeply, order the corset to be given up, prescribe probably iodide of arsenic, and they get well, so that, even though you have found the bacillus in the sputum, you wonder seriously whether the patient ever had tubercle at all. Every now and then comes a case, like that described, which does not clear up, but goes steadily on, in spite of treatment, till signs of cavity and other definite physical signs of advanced mischief show themselves. At the first these cases are not to be distinguished from the others; the difference is, the first are caught just before the bacillus settles in, and in the latter the tubercle bacillus has got hold before treatment begins.

As regards the treatment of the chronic varieties of phthisis,

Dr. Wheeler considered it under two divisions—constitutional and general, and special or drug treatment, the last division being further sub-divided into homœopathic drug treatment and non-homœopathic. The first thing to be insisted on is that the patient shall obtain all the air possible. Phthysical patients cannot have too much air. They ought practically to live out-of-doors, and they should be taught to make a point of breathing deeply, filling especially the lower half of the chest, and getting a good diaphragmatic down-thrust, in fact. They should have plenty of nourishing food, especially milk, cod-liver oil or cream, if it can be afforded. As to treatment by medicines, non-homœopathic in their action, Dr. Wheeler said he had used creasote a good deal, carbonate of guaiacol not quite so much. Both had been useful in some cases, but his experience had been, in the main, that the cases that do well do as well or better on homœopathic remedies. The results from iodoform were not striking.

Among homœopathic drugs phosphorus and iodine had proved disappointing, but iodide of arsenic in the early stages, where there is much coughing with scanty expectoration, is of great value. Later on stannum or hepar sulph. is to be preferred. Tuberculin had not yet been found to clear up a case that resisted other treatment. As intercurrent remedies hyoscyamus, conium and drosera (especially the last two), although they do not affect the physical signs, often do much for the patient's comfort. For sweating ac. phos. or silica or jaborandi, an old discovery of the orthodox, is a splendid remedy if the sweating is bad enough to resist the first-named. For hæmoptysis ferr. acet. and millefol. had been used with much success.

Dr. Wheeler concluded by saying that he was inclined to look more hopefully on phthisis, even among poor patients, than he would once have believed possible, and that it is a mistake to look upon the disease as necessarily incurable. A certain cautious hopefulness should be brought to the treatment. A case despaired of is a case lost, but the open-air treatment has brought a new weapon to our aid, a weapon that we have reason to hope will be available for an ever-increasing number of cases.

In the discussion which followed a number of members took part, all of whom expressed their appreciation of the papers.

## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL.

#### POST-GRADUATE LECTURES, 1899.

THE next course of post-graduate lectures will be given at the London Homœopathic Hospital during May, June, and July. The lectures will be delivered on Tuesdays and Fridays, at 4.30, commencing on Tuesday, May 2nd; and on three evenings specially for busy practitioners, on the third Thursday of each month, May 18, June 15 and July 20. These evening lectures will be on gynæcological subjects, and be delivered at 8 p.m.

The lecturers will be as follows:—

- Dr. J. Galley Blackley on May 2, 9 and 16.
- Dr. Byres Moir on June 23 and 30, and July 7.
- Dr. Washington Epps on June 9, 20 and 27.
- Dr. Goldsbrough on July 14 and 21.
- Dr. Burford on May 18 (evening), 28 and 30.
- Dr. Neatby on June 15 (evening), and July 4.
- Dr. Johnstone on July 20 (evening).
- Dr. Roberson Day on May 26, June 6 and 18.
- Dr. Stonham on July 18.
- Mr. Knox-Shaw on May 5, 12 and 19.
- Mr. Dudley Wright on June 2 and 16.
- Mr. Gerard Smith on July 11.

One clinical demonstration will be given in the out-patient department each afternoon from 3 to 4 o'clock.

The attendance is restricted to medical men qualified in their own country and to 4th and 5th year medical students. The lectures will be free, but a fee of three guineas will be charged for clinical instruction.

Further information can be obtained from the Hon. Sec., Educational Committee, at the Hospital, who will be glad to hear from students wishing to attend, so that the necessary arrangements may be made.

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### BROMLEY PHILLIPS' MEMORIAL HOSPITAL.

#### TENTH ANNUAL MEETING.

THE annual general meeting of the governors, donors, and subscribers of the Phillips' Memorial Homœopathic Hospital and Dispensary for Bromley and the district was held at the hospital premises at the junction of Widmore and Park-roads, Bromley, on Monday, February 27. The president (Mr. Walter Murton, C.B.) presided.

In their tenth annual report, which was presented by the hon. secretary (Mr. J. M. Wyborn), the committee reminded subscribers that in the last report allusion was made to the result of an appeal for sufficient money to commemorate the 60th anniversary of the Queen's Reign by building a new hospital in the White Hart Field. To the consideration of the details of this scheme the committee, as well as the Building Committee, had devoted much attention during the year.

The foundations of the new edifice were commenced in December, and it is hoped that that part of the structure which the committee have decided to erect will be completed during the present year. The increase in the building fund has been mainly due to the donations of a few liberal benefactors. These handsome gifts are highly gratifying and helpful to the scheme. At the same time the committee reminded their numerous friends that no amount would be too small to be acceptable. What is needed is the addition of £2,000 to this fund, in order that the increased expenditure involved in the construction of the hospital in an incomplete form and afterwards enlarging it to its full dimensions may be avoided. In the course of the year under review, 77 in-patients were treated, with the result that 54 were discharged cured, and 14 were improved in a greater or less degree, while only two cases terminated fatally. Thirty-two operations were performed. The number of visits to patients at their homes reached a total of 1,842. The attendances at the Dispensary numbered 1,798, including 804 new patients. These figures show generally that the increased work in the out-patients' department has been fully maintained. Theseven beds and three cots at present available were occupied to the extent of 4.45 on the average per diem. The average duration of the patients' stay in the wards was 21 days. The cost per week of each in-patient, deduced from the estimated total of every item of ordinary expenditure incurred by the in-patients' department, has been £2 2s. 9d., including rates, repairs (special), renewal of furniture, salaries, printing (with annual report), stationery, and the maintenance of the general staff. For provisions alone the average cost of each person resident (including patients) was a little under 7s. 7d. The total ordinary income of the year from all sources amounted to £554 10s. 9d., while the average for the previous five years was £569 7s. 4d. The total ordinary expenditure during the twelve months had been £575 8s. 6d., thus exceeding the income by £20 12s. 9d. The annual subscriptions had further increased slightly in amount, having reached a total of £258 2s. 6d., against £251 14s. in 1897. The donations,



although less than those of former years, with the exception of 1897, had nevertheless amounted to £47 14s. 8d., against £20 1s. 10d. in the previous year. The receipts from patients' payments were £177 18s., against £190 15s. 6d. in 1897. The amount awarded by the council of the Metropolitan Hospital Sunday Fund was £26 5s., against £30 12s. 6d. in the year previous. No award was made by the Prince of Wales' Hospital Fund, the limits of the operation of that charity having been confined within a radius of seven miles from its centre.

Since the close of the year the committee had received a most generous gift of £1,000 from one of the oldest friends of the institution—Mrs. Leishmann—for the purpose of endowing a bed in the new hospital in memory of her late husband. They had also received the gratifying intelligence that the late Mrs. Spicer, widow of the late Mr. William Gage Spicer, of Oakwood, Chislehurst, by her will bequeathed to the hospital £100. The concert realised £84 11s. 10d., which a lady unable to be present kindly made up to £100. (Applause.)

After other votes of thanks, Dr. Madden, replying for the medical officers, said it would be observed that the officer who did most of the work of the committee carefully left out of the resolution all mention of himself—namely, their friend, Mr. Wyborn. (Applause.) On behalf of the medical officers, he assured them it was a great pleasure to do the work at the hospital. He hoped that the new hospital would soon be erected in its complete form, and that the £2,000 necessary to ensure this would soon be forthcoming. They hoped their friends would do their very utmost to collect this sum, and save them from the necessity of that last resource of hard-up charities—a bazaar. However, if necessary, they would have a bazaar, for they must get the money somehow.

Dr. Madden then said he had great pleasure in making an announcement which he was sure they would receive with pleasure. Their very good friend, Mr. Duncanson, had given him permission to announce that he had made a present to the hospital of bonds to the value of over a thousand guineas for the endowment of a second bed in the hospital in memory of the late Mrs. Duncanson. (Loud applause.) Not only had Mr. Duncanson done this, but in the most generous way he had saved the trustees all trouble in the matter, by presenting them with bonds of considerably more value than they would be allowed to invest in on their own account, and absolving them from all responsibility in the matter by giving them a written record to that effect. Therefore, instead of having a sum of £80 to £85 a year, his present represented £48 a year at least; which, added to the £42 or £48 which they obtained

from Mrs. Leishmann's valuable gift, gave at once an increased annual income of £90. (Applause.) That, in connection with the doubling of subscriptions mentioned by the president, led them to hope that they would not be straitened for want of funds. The only difficulty seemed to be to get the money required to complete the building itself, and that, he hoped, they would not find insuperable. (Applause.)

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### DR. POPE'S CHANGE OF RESIDENCE.

THE many personal friends of Dr. Pope, as well as those who know him chiefly through the pages of this *Review*, will be interested in the items of news contained in the subjoined extract from the *Grantham Journal* for March 11th. It is unnecessary for us to add anything to this paragraph. The work of our senior colleague on the *Review* has won for him the respect and admiration of all. We are happy to be able to state that Dr. Pope's retirement from general medical practice will not deprive us of his aid in the management of our journal. We feel sure all our readers will join us in wishing Dr. Pope many years of restored health and strength, and added enjoyment of life in his retirement.

D. DYCE BROWN,  
EDWIN A. NEATBY.

“REMOVAL OF DR. POPE.—The many friends of Dr. Pope and family will regret to hear that they have ceased to reside in our midst. For some time past Dr. Pope has not been in the enjoyment of good health, and he has very wisely resolved to relinquish entirely his medical practice. He has also felt compelled to seek a change of air and scene. His choice has fallen upon the pretty and salubrious town of Tring, in Hertfordshire, where he will in future reside. He commenced practice as a physician and surgeon at Grantham in the year 1869, and, as one of the foremost homœopathists of the day, he had a large *clientèle*. For the last forty years his facile pen has been used effectively in defence of his principles, and for the long period of thirty-four years he was on the staff of the *Homœopathic Review*—the last twenty-five as senior editor. Dr. Pope was a most ardent Conservative, but after a severe illness, following upon a paralytic stroke in 1890, he had to give up all idea of active work for his party except by means of his pen. Returning to Grantham from abroad, restored to a large extent, he found both political parties actively preparing for the general election. Mr. Chatfield Clarke was the adopted Liberal candidate, and his first speech inspired the Doctor to write an exceedingly capable criticism

over the signature of 'Anglicanus.' From that time onward, during the whole campaign, Dr. Pope answered every speech that was delivered on the Liberal side, whether by Mr. Clarke or anybody else. On one occasion Mr. Cutbush, the Liberal candidate's agent, made a terrific onslaught on the anonymous writer of the letters. Dr. Pope wrote perhaps the best letter he ever penned in reply, and henceforth he was left unattacked. His identity was kept a close secret until after Mr. Lopes' victory, and no little surprise was evinced when the mystery was explained. In 1896, Dr. Pope was the President of the International Homœopathic Congress, an honour which he richly deserved. Mr. P. C. Pope, his son, acquired considerable popularity as a comic singer and entertainer after the Grossmith manner. The eldest son, Mr. A. H. Pope, made somewhat of a sensation by training the horse 'Sandringham,' usually known as 'The Man Eater,' to harness. This was so effectually done that he was subsequently driven in a London hansom. Mr. A. H. Pope now has an appointment in the horse department of the Stock Yards of Chicago. In wishing Dr. Pope many happy years in his well-earned retirement, we feel sure we are only expressing the unanimous sentiments of our Grantham readers."

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## THE INTERNATIONAL HOMŒOPATHIC CONGRESS TO BE HELD IN PARIS IN 1900.

THE date of the Congress has been officially fixed for the month of July, 1900, and will last from the 18th to the 21st, inclusive. It will be held in a hall set apart for the purpose, in the *Palais des Congrès* of the great International Exhibition.

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## FRENCH NEWS.

VERY near the Hôpital Hahnemann, at Neuilly, a committee of Protestant ladies have just founded a small free homœopathic hospital for children (42 bis boulevard de la Saussage). This undertaking, as yet only a year old, is in full prosperity; for during its twelve months of existence (November 15th, 1897, to November 15th, 1898) it has received 118 children of two to twelve years of age. Dr. Clément Petit, the physician to the hospital, has been particularly fortunate in results—one death only, from tubercular meningitis, having occurred during the year. There is an out-patient clinique every Monday and Thursday. The little hospital has a very pleasant aspect, and contains some 18 beds. There is talk of its enlargement.

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The homœopathic practitioners of Paris have been continuing, now for the second year, their course of public instruction. The lectures are given on Thursdays and Fridays at the *mairie* of Saint Sulpice. Drs. Joussett, père, Simon and Cartier have already this year addressed a somewhat numerous audience—not of friends, but of students or physicians of the other school, who have listened with interest and taken notes zealously.

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We have pleasure in announcing the nomination to the grade of Chevalier of the Legion of Honour of our kindly and distinguished colleague, Dr. Léon Simon. Severely wounded during the war of 1870 while caring for the soldiers on the field of battle, his brave conduct obtained for him the military medal. The honourable distinction he has now received is in recognition of the services he has rendered during his medical career.—*Revue Hom. Française*, Feb.

We desire to unite, from this side of the Channel, in congratulations to our esteemed *confrère*.

### ACUTE DERMATITIS CAUSED BY RHUS POISONING.

IN the *British Medical Journal* of March 4th, 1899, Dr. Frank Nicholson, of Hull, reports the case of a young lady, aged 19, who was seen by him while suffering from an irritable rash. The cause was discovered to be a creeping plant, and in its destruction a servant became affected "from head to foot," showing the action to be more than a local one. The author points out its close resemblance to erysipelas—but *cui bono*? Dr. Nicholson's article can only warn country people from growing the Rhus creeper—at least from his point of view. If he would learn to use it as a remedy for erysipelas how much more valuable would his novel experience be! But this would be homœopathy, and probably to practise this heresy would be worse than being poisoned by rhus tox. We would suggest that Dr. Nicholson might get over the difficulty by calling the cure of erysipelas by rhus an example of "the dual-action of drugs." If this did not ease his orthodox conscience, it would, all the same, benefit his patient and be more pleasant than soaking for a day or two in lead and spirit lotion. If Dr. Nicholson should happen to be interested in his new friend he may learn more of its vices as a poison, and its virtues as a remedy, by consulting "A Manual of Pharmacodynamics," by Richard Hughes. He will probably be struck by a curious parallelism between the two.

We quote the larger part of the story told by Dr. Nicholson. He writes :—

"On July 30th, 1898, a young lady, aged 19, was sent to me. She had been quite well till the day before, when she began to suffer with prickling and smarting in both hands and the face, which quickly became red and swollen.

"Both hands were covered on their backs with scattered red spots varying from the size of a pin's head to that of a split pea, and there were a few on the lower parts of the forearms. The face, however, was much more extensively affected; the redness was much more uniform, and there was considerable swelling, so that the eyes could scarcely be opened. Almost the whole of the face and forehead was invaded by the rash, which had a fairly sharp margin, and there were a few scattered islets beyond on the healthy skin. Both on the face and hands, but especially the latter, there was a tendency to the formation of vesicles. The rest of the body was entirely free from any eruption, the temperature was normal, the tongue clean, and there was no feeling of ill-health beyond the local discomfort. At first sight the face presented the appearance of an ordinary case of erysipelas of moderate severity, and in fact in a previous attack it had been treated as such.

"The past history was good, with the exception of six or seven similar attacks, all of which had occurred during the preceding five years, during which period she had lived in the same farmhouse with her parents, and the attacks had all occurred when she was at home, most of them in the month of August.

"From the story and the appearance of the case, dermatitis venenata suggested itself. The number of attacks, their occurrence most frequently in August, when possibly some plant might be flowering or seeding, and so be specially noxious, and the fact that they never occurred before the tenancy of the present house, all seemed significant. I then gathered that the father had three times been affected, but only on the hands, and on one of these occasions it had followed pruning a certain creeper which grew over the porch. The groom-gardener had also an irritable rash from an unknown cause on two or three occasions. Nothing else in the garden that they knew of was unusual or likely to be the offender, and, suspicion attaching to the creeper over the porch, I advised that it should be destroyed.

"The groom who had undertaken the destruction of the creeper was covered from head to foot with a scarlet, blotchy, irritable rash. A specimen forwarded to Kew had been identified as the *rhus toxicodendron*."

### “THE LAW OF PARADOX.”

THE *Scalpel* of January and February contains an article on “Dietetic Diseases” by Dr. Rabagliati, of Bradford. One of the cases related is that of a man who had suffered for several years from vomiting, which incapacitated him. After futile treatment by drugs, diet, etc., under various medical men, Dr. Rabagliati cured him by temporary starvation followed by a very limited diet. In remarks upon the case he points out that most people eat too much. But his most interesting observations are on “Secondary effects,” or “Intermittent action.” Beginning by referring to his case he says:—

“The loss of weight, on this diet, which is not ill-described as fasting, amounted to varying quantities.

“The point, it seems to me, worthy of notice, and to which I wish to direct attention, therefore, is that while there was a loss of weight which might in a sense be called a progressive loss, the occurrence of that loss was not regular or continuous. Sometimes for as long as three days it amounted to nothing at all; sometimes it amounted to as much as one pound in two days. This intermittent march of the weight-loss is a striking incident then, and belongs to a series of actions which take place in organic affairs; and indeed I doubt if there are any actions, organic or inorganic, on this planet which are not characterised by the same feature. Curious that the rise of the tides, that their fall, the changes of public opinion and of Governments as reflecting the same, changes in commerce, as well as changes in the incidence of disease and in recovery therefrom, should all without exception manifest this intermittent march rather than a regular and onward progress in the direction in which movement can nevertheless be seen to be taking place!”

Returning to the same thought in the February number Dr. Rabagliati writes:—“Constipation and diarrhœa often alternate with one another, although the succession of constipation on diarrhœa is more often observed than that of diarrhœa on constipation. The one is, however, the secondary effect of the same causes as induced the other. This law of the succession of opposite effects as the secondary influence of causes which first induced the opposite is, as I have so often said, the fundamental law of organisation, and I think I shall state it here and exemplify it a little in order that we may know what we are talking about. There are then two states and two states only in the organism, or in parts thereof, and these are the states of shrinking (*strictura*) on the one hand, and of swelling (*laxatio vel dilatatio*) on the

other. There is also of course the neutral or intermediate condition, when the one state is passing into the other. Now the law of the economy, nay the law of organisation, is such that whichever of these two states is primarily induced in the organism, or in parts thereof, is always in time, or at least *tends* to be always in time followed by its opposite; shrinking by swelling and swelling by shrinking. And of course the neutral state is a passing one, from which the one condition passes over to the other. There tends also to be a proportion maintained between these two states, much or severe shrinking tending to be followed by much or excessive swelling, while excessive swelling tends to be followed by proportionately marked shrinking. In therapeutics (I only mention this, it is intensely interesting and offers the explanation of some of the controversies which have shaken the medical world) agents are, therefore, not so much shrinkers or swellers, tonics or stimulants, contractors or dilators, as they are shrink-swellers or swell-shrinkers, contractivo-dilators and dilativo-constrictors, which accounts for the apparently opposite effects obtained from large and small doses of remedies. These conditions have played a great part in the history of medicine under the name of the proximate causes of disease, causæ synecticæ, *e.g.*, and causæ procatarcticæ. It seems to me to have been assumed that the discovery of the micro-organisms in recent years has done away with all this discussion regarding the proximate causes, or states, as I prefer to view them. But has it? I do not think it has. Can, or do in fact, micro-organisms act in any other way than as primary shrinkers and secondary swellers? No, they cannot and they do not. There are in fact no other ways in which they can act, for no other ways exist. Our ancient discussions therefore remain with us, our conceptions being enlarged by the discoveries regarding micro-organisms which have so astonished us in recent years. But I pass on without discussing them to the statement of some of the paradoxes of medicine. Not only do constipation and diarrhœa result from the same causes; the law of paradox is much wider than that, for the same causes often induce opposite states. For instance, the same causes which make A obese, make B thin, or attenuate him. The same causes which induce amenorrhœa in A cause menorrhagia in B. The same causes which make A sleepless make B sleep too heavily. The causes of tachy-cardia in A are the same causes which induce brady-cardia in B; and the same causes which make certain persons, noticeably children, feverish, cause subnormal temperatures in others, noticeably in adults beyond middle life. Yes, gentlemen,

and the same treatment cures them both. Now it is very difficult to believe this.

"It is very difficult at first sight to think that the treatment which is good for the obese is also, or can also be, good for his attenuated friend; and it is particularly difficult to believe that the same treatment which is required to lower A's feverishness is also suitable to elevate B's subnormal temperature. Nevertheless we must discuss this question, for it forces itself on us, and the views we hold determine the question of treatment, which is vital to our patients, and will be so to ourselves when our own turn comes to be patients. In fact it is vital to us now, for I do not (do you?) separate the art of managing the sick from the art of managing the well, and maintaining the well in health. Is not the art of maintaining the well in health the obverse of the art of restoring the sick to health? Are not these two arts branches merely of the same art or body of rules of practical hygiene founded on theoretical considerations derived from theoretical hygiene? They seem to me to be so. Both depend on the statement that the law of economy whether it be well or ill, whether it be in a state of health or sickness, is that it manifests in alternation the states of shrinking on the one hand followed by swelling on the other, or *vice versa*; whether the immediate agents inducing these alternate-actions are cold or heat, moisture or drought, wind or calm, repose or fatigue, starvation or plethora, or the action of the micro-organisms of which we have heard so much in recent years.

"Whatever in short be the immediate agents influencing the organism, this law of action by alternate shrinking and swelling with the intermediate state in which shrinking is passing into swelling, or in which swelling is passing into shrinking, is fundamental and universal and cannot be escaped from. And as this is so, it follows that both of these states can in turn be induced and in fact are induced in turn by the same causes, and therefore that the same treatment often is required for both."

We welcome any facts, and even any theories which will serve to elucidate the action of drugs, and to explain the *modus operandi* of the rule of similars. If an elaboration of what Dr. Rabagliati calls the law of paradox can be applied to drug-action, and be made to throw light on homœotherapeutics, so much the better. But homœopathy is not dependent for its success on any explanation. It is a rule for *drug selection*, not an explanation of fact. The rule yields its expected results when properly applied; for the reason why—we must wait.



### LYCOPODIUM CHARACTERISTICS.

A CHILD of five years, for several days, had every afternoon at 4 o'clock an attack of spasmodic croup. This lasted for three to four hours, when it passed away, and the child slept well at night. The mental state of the child was quite changed, which appeared especially when the child awaked from sleep. It would then cry violently, was extraordinarily contrary and wanted to strike or scratch the mother or the nurse. These mental symptoms, as well as the marked aggravation taking place at 4 P.M., pointed to *Lycopodium*, which has those symptoms, though we find no symptoms of croupous cough in its list of symptoms. One single dose of *Lycopodium* in a high potency sufficed to remove the attacks of croup, and to at once bring back the mental state of the child to its normal condition. The pathologic state had in this case nothing to do with the selection of the remedy. *Dr. W. P. Wesselhoef (Hom. Envoy).*

### PARALYSIS OF MUSCLES OF THE NECK CURED BY LYCOPODIUM.

A HINDU male child, aged 4, was brought to me on the 10th September for nasal voice. The child was suffering from this symptom for about a month since his recovery from a bad attack of fever. On examination the uvula was found to be rather long and relaxed. On inquiry I learned that drinks, not solid food, return by the nose. The patient was lean and emaciated, but was free from fever and had no other organic disease. An old-school doctor had diagnosed ulceration of the floor of the posterior nares and had feared perforation of the soft palate. He was placed under a homœopathic practitioner, who treated him with caust. 6 for a fortnight but without any benefit. I gave him some globules saturated with merc. s. 6, two to be taken for a dose, twice a day.

The child was brought to me on the 24th, that is, after six days' use of mercurius sol. There was complete disappearance of one symptom, "return of drinks by the nose," but the nasal voice was not a whit better. I gave him aurum met. 10x, globules, to be used in the same way as the first medicine.

28th. The child was brought, as usual, in the morning. The voice was much improved, the nasal twang being less; but a new and most alarming symptom had developed itself—the patient could not keep his head erect. There was evident paralysis of muscles of the neck, more of the right side, as the head fell more towards the left side. Thinking this might be due to aurum, I discontinued the medicine, and

gave some nihilum globules. The child was brought on the following day, the 29th. Nasal voice quite gone, but paralysis of muscles of the neck rather worse. Gave lycop. 30.

1st Oct. Was glad to see that the child could keep his head erect pretty well. The medicine was repeated, and in the course of a few days the grave symptoms of paralysis of the neck disappeared.

*Remarks.*—This case affords a beautiful verification of a pathogenetic symptom of lycopodium, which is thus recorded in the *Chronic Diseases*:—"A sort of paralysis of the cervical muscles, the head sank down forwards more and more, as if it would fall off." In our case the tendency of the head was to fall more to the left than to any other side; and yet lycopodium removed the symptom, showing that the drug does produce paralysis of the muscles of the neck, and it is immaterial on which side the paralysis may be predominant. This symptom of lycopodium was furnished by Hahnemann, and however obtained, whether with the 30th dilution on a healthy subject, or simply as a removed clinical symptom, there can be no question that it is a genuine symptom. This shows how unwise it is to reject all the symptoms of the *Chronic Diseases* which have been furnished by its author.—*Calcutta Journal of Medicine*.

### DYSPEPSIA AND GASTRIC DILATATION.

DR. WILLIAM MURRELL, Physician at Westminster Hospital, has some valuable remarks in the *Medical Brief* for March, 1899, on the operative treatment of dyspepsia and dilatation of the stomach. After noticing the remarkable advance made during the past twelve months in the surgical treatment of many diseases, hitherto regarded as purely medical, and especially of gastric diseases, he proceeds to show that what is called chronic dyspepsia and treated accordingly is often in reality dilatation of the stomach and rationally treated by gastrorrhaphy. Gastric insufficiency and gastric dilatation have indeed many points in common, but attention to the following details mentioned by Dr. Murrell should be helpful in the direction of an accurate diagnosis. Vomiting in dyspepsia takes place soon after a meal; in dilatation it is long delayed—even, it may be, to the extent of six hours. In dyspepsia the evacuations are solid, dry and hard; in dilated stomach, they are usually shrunken and hard. Thirst, relieved by copious enemata of water, which the rectum greedily absorbs, is a prominent feature of dilatation, as is also a loss of flesh. The temperature is subnormal: the urine is scanty and rich in triple phosphates.

Briefly, the three most characteristic symptoms of dilatation are delayed vomiting, great thirst, and rapid emaciation.

Chronic dilatation occurs chiefly in women of middle age. When it is met with in persons over fifty, it is commonly due to or associated with malignant disease of the pylorus. Otherwise, it is associated with some form of pyloric obstruction, possibly malignant, but more probably due to contraction of the cicatrices of gastric ulcers.

After speaking of the medical treatment of dyspepsia, he passes to the consideration of the treatment of dilated stomach. Electricity he considers useless; massage unsatisfactory; lavage useful, but when repeated night and morning too serious an addition to the daily toilet. An operation is, therefore, the best plan—a combination of pyloroplasty and gastrorrhaphy, the former to enlarge the pylorus, the latter to reduce the stomach to normal size. He cites the case of a woman in Westminster Hospital, the cubic capacity of whose stomach was eight pints.

The pyloric end of the stomach and the pylorus were found to be involved in a mass of scar-tissue, with inflammatory bands outside. The bands were first divided between two ligatures, and then the mass of scar-tissue in the pylorus by means of longitudinal incisions. The pyloric aperture was stretched and tucks were made in the wall of the stomach by interrupted sutures running along the whole of the anterior surface so as to reduce it to the normal size. The operation lasted over two hours, chiefly in consequence of the unsatisfactory condition of the patient, but she made an uninterruptedly good recovery. The temperature never rose above  $100.4^{\circ}$  F., there was no vomiting, and practically no pain or discomfort. Three weeks after the operation she was up and about, and could take meat, fish, pudding, bread and butter, jelly and eggs, without difficulty, and she had gained a stone in weight.

Dr. Murrell gives details of two other cases in which dilatation has been successfully treated by operation. One of these cases was that of a cook, 48 years of age, who was suffering in an aggravated degree from the delayed vomiting, excessive thirst and emaciation which especially characterise dilated stomach, and also from severe pain radiating all over the abdomen, and extending to the interscapular region. The stomach was percussed out without difficulty. The highest limit of gastric resonance was the sixth rib in the nipple line, whilst its liver boundary extended to the subcostal line. Its greatest curvature extended in relation to the sixth, seventh, eighth, ninth and tenth ribs to the subcostal line, whilst the lesser curvature was in the epigastric region, the gastric note

merging into a hypo-resonant area extending into the umbilical and right hypochondriac regions. The area of the stomach, however, varied from time to time, and not infrequently the gastric note could be detected as low as the umbilicus. The "splash" could be obtained, but not always. There was no doubt as to the diagnosis, and it was obviously a case of gastrectasis.

Mr. Spencer decided to operate at once. The stomach was enormously distended, and there were old scars in the neighbourhood of the pylorus, which was attached by thickened bands to the under surface of the liver. The mode of procedure adopted was that already described, and the operation lasted an hour and a quarter. The highest temperature was  $100.4^{\circ}$ , and on the third day the patient was able to take food by the mouth, and ten days later she was taking pounded meat and fish.

In the other case, that of a widow of 56 years of age, who suffered from constant gnawing pain in the lower part of the chest and upper half of the abdomen, and also from inter-scapular pain, the stomach was carefully percussed out, and was found to extend far below the umbilicus. The operation resorted to in this case was a combination of pyloroplasty and gastrorrhaphy, and the patient made an excellent recovery.

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### CALCIUM CARBIDE IN CANCER.

PROFESSOR JAMES H. ETHERIDGE, of Rush Medical College, in a recent lecture, stated that he had been using carbide of calcium during some 18 months for uterine cancer. While he has not yet concluded that it will cure, it certainly does a wonderful amount of good, as shown by the following sample cases:—

The first was that of an old lady who had passed the change of life about twenty years before. The cervix was found entirely gone, ulceration had taken place clear up to the uterus, and there was nothing but a cavity. This was curetted and a piece of carbide put in it. The result was instantaneously a bubbling and boiling. Iodoform was then packed in very tight and left for three days, when the hard mass was found reduced to a clay. The elimination of gas was very painful for a few hours. At the end of five or six treatments at three days' interval the cancerous ulcer, to all appearance, was converted into a simple ulcer. The powdered carbide was used on the ulcer until it all disappeared. On examination three months after there was no discharge or odour. When last seen again, "a few days ago," there was nothing to attract attention.

A woman who had passed 50, beyond the change of life, well nourished and active, came with the cervix nearly all gone, and was generally annoyed with odour, discharge and hæmorrhage. She was subjected to the same treatment, and went on in the same way until the cancer was entirely obliterated. To-day she is going around doing her work the same as two years ago. And in addition the speaker has half a dozen cases on his hands now, where the use of carbide of calcium has been very beneficial. It stops the discharges. The patients all improve in appetite, blood supply, and in general symptoms. The time is too brief to say that they are cured, but they live, and live in comfort. How it is done he does not know.

What seems to be a very constant result of using the carbide of calcium in treating the cases of uterine carcinoma, is the abolition of the trinity of symptoms so characteristic of this dreadful malady, viz., odour, hæmorrhage and discharge. —*N. Y. Med. Times.*

#### DIPHTHERIA THERAPEUTICS.

NOTWITHSTANDING that the anti-toxin treatment of diphtheria has so largely displaced the older treatment by drugs, there are yet cases which do not admit of its application. A careful differentiation of cases may be made upon the basis of some useful remarks which have lately appeared from the pen of Dr. J. R. Young, writing in the *Homœopathic Journal of Obstetrics* on the therapeutics of diphtheria. He mentions six drugs with the characteristic symptoms which in his experience point to their use. He writes as follows:—

##### “THERAPEUTICS OF DIPHTHERIA.

“*Apis mel.*—Bright red colour of the inflamed parts, with a puffy, varnished appearance. The first patches appear on the arches of the palate and uvula; the uvula is elongated and œdematous; cannot bear anything about the throat.

“*Lachesis.*—Heat is very unpleasant to the patient; great anxiety and restlessness; very little thirst; the pains are of a darting, stinging nature; perspiration breaks out and dries up frequently.

“*Arsenicum alb.*—Great fœtor from the deposit, and oozing of blood from under the elevated portion of the membrane; sensation as of a hair in the throat; all the symptoms are worse at night; patient changes position often; drinks often, but little at a time.

“*Kali bichromatum.*—The exudation extends into the throat and bronchial tubes, causing a croupy cough in paroxysms, with expectoration of viscid, tough mucus, which may be drawn out in long strings; the tongue is red, raw, and shining;

the deposit is of a greenish grey colour ; the tongue is covered with a thick, yellow coating ; the pains shoot up into the ears, and down into the neck ; deep-eating ulcers appear, and smell like decayed meat ; there is a sensation as of a hair on the tongue (*arsenicum*, in the throat) ; aggravation of all of the symptoms after sleep (also *lachesis*).

“ *Lachesis*.—Begins at the left side, or spreads to the right ; the throat is very sensitive to the touch, or to any external pressure ; painful and difficult swallowing ; sensation as of a foreign body in the throat ; voice weak and hoarse ; worse after sleeping, or from touching the neck or throat ; great prostration and cardiac debility ; peculiar, hard aching all over, so that the patient wants to change position often.

“ *Lycopodium*.—Begins on the right side, or is worse on that side ; much swelling and pains in the throat, with spasms in swallowing ; cannot drink without choking ; where the parts are not covered with the deposit they are brown in colour ; a feeling of constriction in the nose, throat and chest, worse on the right side ; aggravation of all the symptoms every day from 4 to 8 p.m., also after sleeping ; difficult urination, as it will not readily start ; red sand in the urine ; great rumbling in the bowels.

“ *Mercurius cor.*—The exudation spreads very rapidly and extends into the nose, from which a profuse excoriating discharge flows ; a rapid destruction of the parts ; it seems to eat them away, and yet there is less prostration of the patient than we would naturally expect to find.

“ *Rhus tox.*—Bloody saliva runs out of the mouth during sleep ; sticking or stinging pain in the tonsils ; the tonsils are covered with a yellow exudation, especially the right one ; worse when beginning to swallow, but after a little effort can swallow better ; there is a general typhoid condition, with thirst ; the parotid glands are a good deal swollen ; patient is restless, wakes up often, and complains of pains in the throat ; a transparent, jelly-like discharge from the bowels.”

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#### FORMALIN IN THE TREATMENT AND REMOVAL OF INOPERABLE MALIGNANT GROWTHS.

DR. WILLIAM MITCHELL, of Bradford, communicated to the *Brit. Med. Journ.* the following important case, which we quote in full. He writes :—

“ The treatment of malignant growths, which either on account of anatomical peculiarities or of the constitutional state of the patient, or on account of the refusal of the latter to submit to the knife, cannot be treated by ordinary operative methods, must at times be a source of trouble and perplexity to almost every surgeon ; and any method which will enable

us to deal with such cases in a simple and reasonably satisfactory manner will be welcome to most.

"The method adopted in the following case might, I venture to hope, prove a useful addition to methods already in use. The patient had a sarcoma of the cheek (second recurrence) which two experienced surgeons refused to remove by operation. When she came to me the tumour was 4 inches in diameter, and fully as large as a man's fist. At one place a mass of sarcomatous tissue had forced its way through the integument, and was giving rise to constant and rather severe hæmorrhage. It was this latter symptom I was now called upon to treat.

"I tried all the usual styptic methods, but with none of them succeeded in stopping the hæmorrhage for more than a few hours, so that two or three ounces of blood were being lost daily, and it seemed as if nothing short of tying the external or common carotid could arrest the bleeding.

"Remembering, however, the great power of penetration and coagulation possessed by formalin, and the rapidity of its action in this respect on dead tissues, I determined to try its effect on the living. After applying a solution of caoutchouc to protect the surrounding skin, I soaked a small pad of absorbent cotton wool with a solution of formalin containing 20 per cent. of formic aldehyde, and applied this to the raw surface, then covered it with gutta-percha tissue, and held it in place with a bandage.

"My expectations were more than realised; for not only was the hæmorrhage entirely stopped, but in 24 hours there was produced a hardening and necrosis of the tissues, extending nearly a quarter of an inch from the surface.

"This made me think that it might be possible to remove the whole growth by first coagulating the tissues with formalin and then cutting away some of the necrosed part daily, always, however, leaving sufficient of the latter to prevent a recurrence of hæmorrhage. I therefore scooped out with a scalpel and sharp spoon as much of the necrosed part as I dared, and then filled up the cavity with cotton wool saturated with the formalin solution as before. Daily repeating this I was able in a very short time to tunnel right into the centre of the tumour, and eventually to remove it completely, notwithstanding that it was highly vascular, and during the process there has not practically been one drop of blood lost.

"The formalin seems to exert its influence equally in all directions, and to be capable of penetrating to almost any depth if constantly applied. I have cut out a solid piece an inch in thickness at one time, although I have usually contented myself with less. On one occasion I cautiously tried

injecting some of the solution into the tumour with a hypodermic syringe, but gave it up as I was afraid of producing embolism, and it gave no better result. The pain has occasionally been pretty severe, but has been held in check by small doses of *nepenthe*.

"There has occasionally been considerable œdema of the lower eyelids and lips, and on one occasion of the cellular tissues of the neck. This caused me to suspend treatment for a few days, lest it should cause œdema glottidis. There has, however, never been any sign of such a condition. When the application of formalin is suspended for a few days, a line of demarcation forms with exactly the appearances seen in dry senile gangrene of the extremities.

"To sum up, I consider the points in favour of this method are as follows:—

"1. It is simple in the extreme, requiring no special apparatus, and can be applied without an anæsthetic.

"2. It produces no shock.

"3. It does not, like electrolysis, set up a diffuse suppurative process, being not only aseptic, but powerfully antiseptic.

"4. It is bloodless, and can be applied to very vascular growths, as this case shows.

"5. It has very much greater penetrating power, and hence effects a more rapid removal than the usual escharotics, and its application does not like those give rise to a disintegrative or caustic process, with the resulting discharge, but is what I might term a necropoietic process, and with no discharge whatever.

"6. As there is no discharge scarcely any dressing material is required, and an economy is thus effected.

"7. During the paring away of the necrosed parts the macroscopic limits of such a tumour can be easily seen on the dry clean-cut surfaces, and an indication is thus given as to the direction in which it is necessary to proceed further. The pieces removed can be subjected to microscopic examination for the same purpose.

"8. Above all the process appears to be efficient and safe if care is taken.

"The drawbacks are: (1) The pain, which is at times pretty severe, but can of course be relieved by an anodyne; and (2) the œdema, which is always annoying, and might, if extending to the glottis, be fatal.

"The systemic absorption of the formalin is apt to, and in this case did, produce an annoying general urticaria, thus showing its relationship to formic acid. There was at the same time a slight rise of temperature. The urticarial irritation was easily subdued by carbolic acid lotion."



### COMOCLADIA IN ECZEMA.

For the following on the use of comocladia in cases of eczema we are indebted to the *Chironian*:—"The action of this drug on the skin resembles rhus tox. in producing erythema, swelling and papular eruptions; it lacks the power of the latter in causing vesiculation, but exceeds it in provoking suppuration, and particularly on the legs. It also causes sensations of heat, burning, itching, stinging, crawling and tension, which may shift rapidly from one spot to another. Aggravations may occur from touch, warmth, rest, and in the morning and evening. Relief may follow from motion, rubbing, scratching and in the open air. The favourite location for diffused redness and swelling is the face; for circumscribed patches, the trunk and lower extremities, and for suppurating lesions, the legs.

"Comocladia may be indicated in *acute erythematous eczema* of the face with marked swelling of the skin, partly closing the eyes; or for *chronic erythematous eczema* of the face, characterised by a frequently recurring puffiness or swelling about the eyes (crotalus).

"It is also adapted to a *papular eczema* of the trunk and extremities which remain papular—not becoming vesicular or pustular.

"Cures have been observed from this drug in attenuations from the first to the thirtieth."

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### BROMINE IN "OVARITIS."

Dr. Olds in the *Homœopathic Journal of Obstetrics* writes as follows concerning the use of bromine in ovarian diseases:—"The menstrual flow is too early and of a bright red colour. Preceding the menses there will be pains in the abdomen, particularly in the ovary, boring in the left ovary, lancinating pains in the back; headache before the menses comes on. During the menses there may be an escape of flatus from the vagina. This is a peculiar symptom, and it has been found in cases of dysmenorrhœa—membranous dysmenorrhœa. Dysmenorrhœa with escape of wind from the vagina when the other symptoms of bromine agree. She cannot bear coition, feels no thrill, and every time she has coition feels this lancinating, boring pain in the ovary. The ovaries, like the other glands, enlarge and become indurated."

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### CALCAREA FLUORICA.

To the *Pacific Coast Journal of Homœopathy* we are indebted for the following note on calcarea fluorica:—"Calcarea fluorica is highly recommended as a never-failing remedy in indurations of all kinds. In scrofula, when the induration of

the glands refuses to yield even to the best selected remedies, fluoride of calcium is a real sheet anchor. This medicine softens the glandular knots \* \* \* and makes all external applications unnecessary. Stytes that have grown old and other indurations in the eyelids are removed in an incredibly short time by fluoride of calcium. Even encysted tumours belong to the domain of this remedy, though very soft encysted tumours would have to be treated with kali muriat. The dose is 2 to 3 grains three or four times a day of the 3rd to 12th dec. trit."—Hakim Atar, in *Liepz. Mon. f. Hom.*

### MUSHROOM POISONING.

IN the *Philadelphia Medical Journal*, Dr. D. W. Prentiss, of Washington, reports five cases of mushroom poisoning. He gives brief outlines of the cases and utilises the opportunity to make some extended remarks on mushroom poisoning. He declares the active principle of the *amanita muscarius*, the particular plant eaten by the above, to be muscarin. He gives the crude symptoms of poisonings and the emergency treatment. He recommends:—

1.—Clear out the stomach and bowels. Use any emetic at hand.

2.—Atropine is the physiological antidote.

3.—Sustain the heart, place the patient in the recumbent position. Give digitalis in ten-drop doses.

Our author finally states that, so far, no evidence has been adduced that muscarin is of any value as a remedy. Bartholow says the use of muscarin is in its infancy. We would like to call their attention to the fact that the *amanita muscarius* was proven by Schreter and E. Stapf in 1828. In 1830 it was proven by Hahnemann himself. It will be found in most homœopathic text-books of *materia medica* under the name of *agaricus*. In Hering's "Guiding Symptoms" it is called *amanita*. For the last seventy years, therefore, the homœopathic profession has used a valuable remedy that is but little known to the allopathic profession. Credit for its introduction to the medical profession is given to Schmiederberg, who, according to Prentiss, brought it out in 1869, forty years after Hahnemann's provings.—*N. American Journal of Homœopathy*.

### LEDUM PALUSTRE FOR CARBUNCLE.

DR. INGALL calls my attention to the use of *ledum* in the treatment of carbuncle. He has treated a number of cases with success, curing cases in seven to fourteen days without the use of the knife.

He writes (*Med. Times, New York*):—"Ledum palustre is a small evergreen shrub, growing in swamps and other wet places in the northern part of Europe, Asia and America. The leaves have a balsamic odour, and an aromatic camphorous bitter taste and contain among other ingredients volatile oil and tannin. The leaves are thought to be narcotic and diaphoretic and have been employed in exanthematous diseases.

"My procedure is as follows: I give the 1-10 tablets internally every hour and apply poultices of flaxseed meal wet with ledum, one to ten, changing every half-hour during the day. At night I apply a cotton compress saturated with the following:

R, Ledum	...	...	...	...	} $\overline{\text{AA}}$ $\frac{3}{4}$ ii.
Alcohol	...	...	...	...	
Aqua	...	...	...	...	

"The above I repeat day after day until the slough is easily removed which will be from the third to the sixth day. I then lightly pack with sterilized gauze saturated with the above solution; granulations at once form and quickly close the cavity. Ledum will always speak for itself in carbuncle."

#### EUPHRASIA IN DYSENTERY.

THE following is quoted from Bruckner, illustrative of the therapeutic value of euphrasia homœopathically administered:—"A girl aged 6, with prolapsus ani after dysentery, was treated for nine months without relief. On account of a characteristic attack of coryza, euphrasia 30th dil. was given every three hours. On the occurrence of a painless diarrhœa on the fifth day the prolapsus disappeared. During the whole time the child could not sit down, corresponding to the symptom of euphrasia, 'pressure down in the anus when sitting.'"

#### VERBASCUM CATARRHS.

WE quote the following, itself a quotation, from the *Pacific Coast Journal of Homœopathy*:—"Verbascum thapsus is very serviceable as a catarrhal remedy. The hard and hoarse laryngeal and bronchial cough with hoarseness and deep bass voice is soon driven away by the essence of mullein. In acute cases I give every hour two drops, but in chronic cases three times a day three drops in a spoonful of water or sugar. The chest is also rubbed with mullein oil twice a day. Pains in the face arising after catching cold find an excellent remedy in verbascum."

## STRAMONIUM IN INSANITY.

An interesting report is given by Dr. Selfridge, of California, in the *Pacific Coast Journal of Homœopathy*, of a case of incipient hereditary insanity which came under his care, and which he was able to cure by the application of homœopathic principles.

Miss C., whose mother, three months before her daughter's birth, had become insane, and had never fully recovered, gave no evidence of the hereditary taint until she was about thirty years of age, when some trouble with her lover, and the termination of her engagement with him, appeared to be the immediate occasion of a mental disturbance, trifling at first, but very soon—probably under the aggravation of an attendance at certain spiritualistic séances—developing alarming symptoms.

The leading symptom was a hallucination that voices, ascribed by her to her grandmother long since dead, sounded constantly in her ears. The minor symptoms were what might have been expected to follow, viz., inability to sleep, dread of being alone, dread of the dark, loss of appetite, loss of interest even in favourite pursuits.

Dr. Selfridge fixed upon the hallucination of the "voices in her ears" as the essential feature of the case. One drug there was which produced this identical symptom—stramonium. This he at once administered in the 200th potency, with the result that five days later her condition was perceptibly improved. By about a month later she had, in spite of one or two slight retrogressions, considerably improved, and from that later date progress was so steady and marked that at the time of the appearance of Dr. Selfridge's article the troublesome symptoms had all disappeared, and in fact had not for weeks returned. The "voices" first disappeared; sleep then returned; she next began to attend to her household duties; a return to her favourite hobby of music marked a later stage; the reluctance to be alone was one of the last symptoms to go.

## STROPHANTHUS.

From the Post-Graduate, quoted in the *Pacific Coast Journal of Homœopathy*, we cite the following on the indications and actions of *strophanthus*:—

"*Strophanthus*.—(1). It acts directly upon cardiac muscle. (2). It has little or no influence upon the calibre of the blood-vessels. (8). It acts but temporarily upon the innervation of the heart. (4). It is diuretic in certain cases, particularly those in which the previously existing blood-pressure is low.

(5). It is a bitter stomachic, and in moderate doses does not disturb digestion, and it relaxes the bowels. (6). It is antipyretic within limited range, because under its administration the consumption of oxygen is smaller, and the processes of combustion are depressed. (7). Since its active principle is soluble in less than its own weight of water, it possesses the diffusibility of a soluble crystalloid, hence the prompt results from its administration; its active principle escapes with the urine, so that we have also ready elimination, although somewhat slower than its absorption, and therefore an overlapping of effect from too-frequently-repeated doses. (8). Habit does not seem to impair the therapeutic usefulness of the drug.

"The therapeutic indications are, then: (1). Rapidly recurring cardiac systoles of lessened force and irregular rhythm. We get, then, first, a more vigorous contraction of the ventricle, with a slowing of the pulse rate, and consequently a lengthening of the diastole, which is the period of rest for the heart; next comes the disappearance of irregularity of rhythm; and, lastly, from improved intracardiac nutrition, a permanent strengthening of the heart muscle. (2). The absence of vasomotor effects enables us to use this remedy in those instances of permanent high tension which are met with in some forms of Bright's disease, in arterio-sclerosis, and in the rigid arteries of the aged. (3). Whenever diuresis can be promoted by increased blood-tension, resulting from more vigorous cardiac contractions, this may be expected from the use of this remedy. (4). The rapidly-appearing effects of its administration, together with its regular elimination, make it the drug of choice when the symptoms are urgent. (5). The absence of digestive disturbances from therapeutic doses and slight likelihood of habituation to its administration make it important when long-continued use is necessary.

"The instances in which failure will follow its administration are those of (1) advanced degeneration of the myocardium; (2) extreme mechanical obstruction to the circulation from valvular incompetency or obstruction; and (3) a combination of these."

### CYSTITIS.

DR. ALBERT BEEBE, of the Chicago Homœopathic Medical College, writing in the *Medical Century*, gives a clinical summary of his experience in cases of acute and chronic cystitis in the male.

As *causes* he mentions the following:—

1. Infection—from extension of gonorrhœa, the introduction of unclean instruments, &c.

2. The presence of foreign bodies, as calculus or substances introduced from without.

3. Retention of urine, voluntary or involuntary, but especially from stricture, enlarged prostate, etc.

4. Traumatism.

5. Cold.

6. Drugs.

7. Abnormal growths.

8. Extension of disease from adjacent structures.

As *symptoms* whose concurrence he regards as a certain evidence of cystitis he mentions (1) frequent urination, (2) pain, (3) mucus, pus, and considerable bladder epithelium in the urine.

He then proceeds to the discussion of local treatment for the removal and prevention of local irritation. Local irritation may be produced, in the first place, by infection—that most fruitful parent of nearly all forms of inflammation; in the second place, by foreign bodies, tubercular or other growths, and stagnating urine due to retention.

Dealing first with irritation produced by infection, he dismisses gonorrhœal infection as being best treated otherwise than locally. Other forms of infection may be fought by the administration through the mouth of certain antiseptic drugs which pass unchanged through the kidneys, or if not unchanged, at least in a condition which preserves their antiseptic action. Of these he mentions boric acid and salol, though of the latter, at any rate, he does not profess a personal experience.

The irritation produced by foreign bodies, growths, etc., is to be allayed by free removal of the irritating bodies, evacuation of stagnating urine, and if necessary by free drainage and cleansing of the bladder by means of a perineal section.

In chronic suppurative or catarrhal cases he recommends gentle and antiseptic irrigation.

The only suitable instrument to introduce in such a case is the best velvet-eyed soft-rubber catheter, and in some instances of extreme irritability of the vesical neck even this is not permissible.

Injections, if made at all in such cases, must be “free,” *i.e.*, the nozzle of the syringe is simply held by compression in the lower portion of the urethra, and the fluid, by hydrostatic pressure, is allowed to flow into the bladder. If the patient lies upon the back, as much relaxed as possible, and is directed to make a slight effort to urinate as the water flows in, an elevation of the fountain syringe two or three feet will usually overcome the resistance of the sphincter and fill the bladder.

Ordinarily, however, the catheter would be used and the bladder filled and emptied as many times as may seem necessary. A two-way stop-cock to connect the fountain syringe and the catheter is a convenience.

The fluid to be employed may be hot sterile water (105 to 110 degrees) or, instead of pure water, the deci-normal salt-solution; or still better, the latter with the addition of two or three drachms of boric acid to each pint.

Other antiseptics are to be used with great caution, owing to the extreme sensitiveness of the bladder.

Included under the head of local treatment are dietetic regulations as to food and drink affecting the quantity and quality of the urine. On the principle that the more profuse—and therefore the more dilute—the urine is, the less irritating it will be, Dr. Beebe recommends abundant injection of distilled water, which he believes to be the best diuretic, or, in default thereof, the purest water available. If it cannot be made to pass into the circulation freely enough through the stomach (moderately hot), it may be injected into the bowels in addition, to good advantage. If the urine is alkaline, it may be rendered neutral by the use of boric acid in doses of five to ten grains four times a day. If, on the other hand, it is excessively acid, it may be neutralised by a vegetable diet and the use of bicarbonate of soda or potash. Mucilaginous drinks, like flax-seed tea, slippery elm, or gum water, will often serve a useful purpose by rendering the urine more bland.

Of that form of local treatment which consists of the indirect medication of the bladder by drugs which are excreted by the kidneys, Dr. Beebe does not speak with any positiveness, but passes on to speak of the *remedies* of cystitis under three heads:—

1. Therapeutic.—The drugs he recommends are copaiva, cubebs, and oil of sandalwood, in cases of gonorrhœal inflammation; buchu, uva ursi, pereira brava, salol, and boric acid, for simple and catarrhal inflammations.

2. Homœopathic.—Under this head he mentions as having been found valuable: cantharis, belladonna, chimaphilla, eucalyptus, piper methysticum, stigmata maidis and hydrangea.

3. General.—Under this head he mentions rest, recumbency, prohibition of rich foods, of alcohol or other narcotic stimulants, and regulation of the bowels.

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#### THE VALUE IN URINARY TUBERCLE OF EXAMINATION OF THE PROSTATE.

Mr. HURRY FENWICK, in the first of a series of lectures on the ectal contour and consistence of the prostate gland, delivered

in the London and St. Peter's Hospitals, and published in the *British Medical Journal* of Feb. 18th, selected for consideration urinary tuberculosis. After remarking on the insidiousness of the disease and its power of imitating other conditions, he said that light could be obtained upon the obscurity resulting therefrom, by rectal and testicular examination; seeing that as many as 58 per cent. of cases showed on their first visit typical deposit in either the prostate or epididymis, or in both; and that, as the disease advances, the chance of its detection by the finger increases, as many as 80 per cent. finally presenting tangible evidence of tubercle in epididymis or prostate.

Tuberculous deposit is met with in the prostate under three conditions. In young males who have a lump in one epididymis or other; in young males who have bladder symptoms similar to those produced by stone—pain at the end of the penis after urination, frequent micturition, and occasional attacks of hæmaturia, with frequent presence of pus in urine; in the adult male who complains of symptoms like those of stone in the kidney.

If with any of these three conditions a hardish knot or lump is found in the prostate on the same side, a diagnosis of tubercle can be made with tolerable certainty.

The tuberculous deposit in the prostate may be absorbed at one part to reappear at another, which may be out of reach of the finger, as in the vesiculæ seminales, or in the course of the ureter, and so might lead to a supposition that a cure had taken place; but, as a clinical fact, when once tubercle has infiltrated the prostate the disease progresses, and though it may clear up locally, it is only to reappear in due time in the bladder or kidneys.

Urinary tubercle commences most often in the epididymis, then invades the corresponding lobe of the prostate, next the base and round the ureteral orifice of the same side of the bladder, and finally the middle and lower third of the corresponding kidney near the pelvis. It usually keeps to the side it first started on; but this rule is not absolute, for in 18 per cent. of cases it was found to cross over to the other side.

Mr. Fenwick concluded the lecture by some practical hints.

(a). Before giving a diagnosis in the urinary disease of an adult, and before employing an instrument of any description, examine the testes, the prostate, and the bladder base per rectum.

(b). If your examination leads to a diagnosis of tubercle, lay it down as a hard and fast rule never to wash out the bladder, although the presence of pus in the urine may tempt you strongly to do so. "I say definitely, after 15 years'



study, a patient with a tuberculous bladder who is washed out as a matter of routine has his kidney destroyed sooner and more thoroughly than he whose bladder is left alone."

(c). The symptoms may mislead you to think the patient has stone, but if you find a tuberculous knot in the prostate or epididymis, do not sound; the case is not stone but tubercle, and the sound will do more harm than good.

(d). Some patients with tuberculous prostates complain greatly of difficulty of urination and narrowness of the stream of urine; this is due to prostatic swelling and not to stricture of the urethra.

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### THE ZWEIFEL SUTURE.

THE *Medical News* has an interesting note on Zweifel's new method of suturing, which we here quote:—In the *Centralbl. für Gynekologie*, May 15th, 1897, Zweifel describes a new method of applying a continuous suture which possesses the very great advantages of simplicity and rapidity of application. It is the stitch used on many "double-thread" sewing machines, and is applied in the following manner: A straight blunt-pointed needle and the curved needle in a handle with an eye in its point (Peaslee) are both threaded and the threads fastened at one end of the line of suture. The Peaslee needle is then thrust through both edges of the cut, and the straight needle is each time passed through the loop in the eye of the curved one, and so a continuous suture is made, there being on each side of the incision a thread, while the crossings of the thread are all concealed. In places where the skin is thin, this is of advantage, and it causes the fold to rise slightly in the middle; but in the thick or fat skins this rise separates the epithelial edges too far, and then an extra precaution is necessary; either a turn of the thread in the straight needle must be made about the other before each stitch is taken, or a third thread is employed, which must be passed from one side to the other of the cut each time before the suture is passed through the skin. This keeps the edges flat."—*Med. News*.

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### THE "GULLIBILITY" OF THE PUBLIC.

THE *Practitioner* in a recent issue reproduces from the *St. Bartholomew's Hospital Journal* for November the following excellent story:—

Dining one evening in the company of some medical men, among whom was Dr. Martin, then physician to "Bart's," Sir William Gull declared that some amount of quackery was

essential to success in medicine. It is an example of the old saying, he averred, *Populus vult decipi*. The host asked for some terse English equivalent. "Oh! that's easy enough," said Dr. Martin, quickly,—“The public like to be gulled!”

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### “MUSIC HATH CHARMS.”

A CORRESPONDENT sends the *Medical Press* the following festive effusion: It has been suggested that music might prove a useful adjunct (in some cases, at least) where the usual routine treatment by medicine had not proved satisfactory. I venture to suggest the following well-known airs as being suitable for the cases enumerated, viz.:—Retarded labour from inertia (“Coming through the rye”); chronic aphonia (“The lost chord”); melancholia (“The heart bowed down”); epilepsy (“Let me like a soldier fall”); cases of chronic deafness (“Come back to Erin”); pyrexia (“McCoolin”); cases of doubtful diagnosis (“Oh, dear, what can the matter be?”)—*Chemist and Druggist*.

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### CLARET VERSUS CARROT.

AN English weekly journal is responsible for the following anecdote: A Birmingham physician has had an amusing experience. The other day a somewhat distracted mother brought her daughter to see him. The girl was suffering from what is known among people as “general lowness.” There was nothing much the matter with her, but she was pale and listless, and did not care about eating or doing anything. The doctor after due consultation prescribed for her a glass of claret three times a day with her meals. The mother was somewhat deaf, but apparently heard all he said, and bore off her daughter, determined to carry out the prescription to the very letter. In ten days’ time they were back again, and the girl looked quite a different creature. She was rosy-cheeked, smiling, and the picture of health. The doctor congratulated himself upon the keen insight he had displayed in his diagnosis of the case. “I am glad to see that your daughter is so much better,” he said. “Yes,” exclaimed the excited and grateful mother; “thanks to you, doctor! She has had just what you ordered. She has eaten carrots three times a day since we were here, and sometimes oftener—and once or twice uncooked—and now look at her!”—*Medical Record*.

## OBITUARY.

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ALFRED HUGH BURNS, L.R.C.P.I., L.S.A.

WE regret to hear of the death of Dr. Burns at the early age of 44. He originally practised in St. Leonards, where he became acquainted with homœopathy. He afterwards moved to Margate, where he practised for several years with success, and not very long ago changed his residence to Croydon. He died in Ramsgate. Dr. Burns was always a delicate man, and of a retiring disposition; consequently he was little known to his colleagues. We are not aware of his having contributed anything to the literature of homœopathy. He leaves a widow to lament his loss.

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MONSIEUR LE DOCTEUR TESTE.

WE regret to learn that Dr. Alphonse Teste, long one of the honorary presidents of the French Homœopathic Society, and well known to all modern students of the *materia medica*, died on February 14th last. In our next issue we hope to give some facts concerning Dr. Teste's life.

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## CORRESPONDENCE.

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BOYCOTT *v.* BOYCOTT.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—It did not seem to me necessary to add anything to the remarks of Dr. Percy Wilde, but as several of my friends have suggested that my silence might prejudice the *Directory*, I shall be glad if you will grant me a little space.

I need not tell Dr. Wilde that there is nothing for which an editor is more grateful than hints as to the proper manner of conducting his journal, and I beg to assure him that his kind efforts are duly appreciated by me. But I must ask your readers to make a distinction which Dr. Wilde does not appear to have made. The *Directory* and the *World* are not one and the same publication. It is true they are issued from the same publishing house, but they are neither owned nor edited by the same persons. It therefore follows that whatever folly the editor of the *Homœopathic World* may be guilty of, this in no way affects the merits of the *Directory*; the usefulness or otherwise of the *Directory* is all its own.

The history of my letter to Dr. Wilde is this: He had sent me a long newspaper account of some function in which he

was interested, with a covering letter to say that it was for insertion in the *World*. I yield to no one in my admiration for the energy and talents of Dr. Wilde, and as I did not like to pass over his communication without a word, I wrote to congratulate him on his activity, but at the same time to explain why I did not intend to devote space in the *World* to recording it. This was a mistake; editors and judges should never give reasons, and I am obliged to Dr. Wilde for recalling me to a proper sense of editorial decorum.

It is not very clear from Dr. Wilde's first letter whether he writes to praise boycotting when he is on the boycotting side, or to damn it when he happens to be boycotted. Surely, one good boycott deserves another; and as the boycott he complains of was provoked by one that he approves, I fail to see where the tears come in.

I have much sympathy with conscientious objectors; and when the awakened conscience of certain members of the homœopathic body became burdened with a sense of the sinfulness they had hitherto been guilty of in allowing their names to appear in a homœopathic directory, it would have been quite proper for them to withdraw their names and forego any advantages that might accrue from allowing them to remain. But they were not content with that. Suffering for conscience sake is a very fine thing, no doubt; but, like the fox in the fable who had lost his tail and forthwith tried to persuade the rest of his race to make Manx foxes of themselves, our conscientious objectors seemed to think it would be much more comfortable to have plenty of companions in suffering. Unlike the fox, however, they did not confine their efforts to moral suasion. Not satisfied with endeavouring to produce a conviction of sin in the minds of others, the dissenters sought to make it impossible for all those who could not for the life of them see anything sinful in it to have a directory to put their names in. Under the pressure of the penitents and the fear of their boycott, the chemist who then published the *Directory* gave it up.

It is true a substitute was to be offered in which the most moderate and sensitive homœopath need not fear to enter his name—a kind of artificial directory under another name (too long to quote) of perfect professional propriety, and so unobtrusive as to be quite invisible to the naked allopathic eye. Insertion in this was to be obtained for the ridiculously small fee of one guinea per annum, provided the candidate was sufficiently proper to secure his election to the British Homœopathic Society, and proved he had no conscientious objection to being a member.

But it seemed to some to be carrying conscientiousness too far when the British Homœopathic Society was being used as an instrument of coercion by the dissenters. It was felt that an opportunity should be given to those who did not happen to be burdened with such over-nice consciences to carry out a policy of freedom, and to study utility and convenience—let who might be proper.

It must be borne in mind that the British Homœopathic Society is not identical with the homœopathic body in the United Kingdom. Neither the British Homœopathic Society nor the Annual Homœopathic Congress have any authority over the homœopathic community in this country. The vote at Northampton (not Birmingham, with Dr. Wilde's leave) binds nobody; it did not bind those who voted against the Directory, as may be seen by a comparison of the voters' names with the names in the *Directory* now; for I understand that no names are inserted in it without their owner's consent.

I do not question that both sides have the progress of homœopathy at heart, and there is no reason why each should not have liberty to forward his own policy in his own way. But the policies cannot both be right, and it is hardly to be expected that one side should assist the other, when the two are travelling in diametrically opposite directions.

The policy of the lamb lying down with the lion is all very well; but before I counsel the homœopathic body to take the lamb's part, I must insist that the allopathic lion shall have a several years' record of good standing as a strict vegetarian to show. As yet I see no signs of this, though, perhaps, Dr. Wilde may.

Now that Mr. Knox Shaw subscribes for the *Directory*, studies it diligently, acknowledges its advantages, and is pleased with its shortcomings, and now that it has received the benediction of the *Homœopathic Review*, everyone ought to be well satisfied (as I confess I am) without further controversy. The *Directory* has passed beyond the stage of debate—it is a *Directory in being*. In my opinion, it is a very useful one, and when opportunity serves I shall not hesitate to enforce my view. Those who have no use for it need not buy it. No conscientious objector's name will be inserted in it—at least, not until he shall have passed from the sphere of effective protest, when it will appear in the obituary list.

Yours, etc.,

THE EDITOR OF THE *Homœopathic World*.

## THE PREVENTION OF TUBERCULOSIS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—If I may be permitted to trespass upon your space still further with respect to this subject it may possibly prove of interest to your readers to learn that the dissemination of information concerning the risks to which the public health is at present exposed by the consumption of milk drawn from cows which are the subjects of tuberculosis, is exercising a potent influence on the minds of many men who occupy positions of influence in regulating the sanitary arrangements of the localities in which they reside.

It is worthy of note that since the publication of your February issue a notice appeared in the *Manchester Guardian* that the Cheshire County Council intends to institute a series of experiments upon the cattle owned by the County Dairy Institute, at Worleston, to ascertain, amongst other things, how far tuberculosis in its early stage affects the quality of milk, and whether it is possible by therapeutic or other treatment to eradicate the disease. The institute owns something like 70 head of stock, and I understand that the tuberculin test has been applied to all, resulting in 16 responding thereto, as evidenced by a rising temperature. These, I believe, will again be tested, and if on the second occasion they do not respond to the test, those not responding will be sent to the Abattoir for slaughter, and post-mortem examination. Among other important objects for which these experiments are being carried out, it is desired to learn whether animals but slightly affected with tuberculosis can be cured.

Now, I am very anxious that the homœopathic members of the medical profession, to whom I have already appealed, should understand that the important experiments now being conducted in Cheshire are just such as I propose, among others, to carry out on the experimental farm I want to see established by homœopaths as indicated in my former communications. I much regret that the caution (or the scepticism, whichever it may be), that has hindered so many homœopathic medical men from responding to my proposition, has prevented us as homœopaths from being the first in the field. There is, however, still plenty of time to do a good work, because whatever success may follow the efforts of the Cheshire County Council, and similar bodies, in these investigations, we know right well that our therapeutics give us an undeniable advantage when we come to the curing point; and if my medical friends would only give me sufficient encouragement to go to the expense of engaging a room for a meeting, I should be glad to prepare my statement for their early consideration; but I am sure there is no one who would

care to know that I had spent time and money on an object that could only prove abortive through lack of interest and personal support. I should like every one to understand that attending such a meeting commits no individual member of the profession to anything. My object is *discussion*; if after that it appears useless to attempt further action, the matter can drop, while I shall feel that I have done my best in what I consider a very important cause.

It is also worthy of attention that among the members of the veterinary profession there is a growing desire to understand what is the effect of repeated doses of tuberculin upon the systems of stock. By some the change which takes place is described as a temporary immunity, and they want to know how long the immunity lasts, and how many injections are required before the animal shall not react. Evidently these gentlemen have no faith in a *cure*, because they speak of this immunity being temporary. This would enable a man to cheat another by selling an animal that does not at the time react to the test. It does not seem to have dawned upon their minds that such a condition may be a genuine cure. To test this question in a thoroughly scientific manner would be another object of my experimental farm.

But apart from the value of the experiments, let me remind one and all that my proposition involves the establishment of a profitable undertaking, which, within a short time, at the discretion of the directors and shareholders, would prove a remunerative investment. Quite recently a man who lives in my neighbourhood and owns a dairy of some 80 cows, had the whole number tested with tuberculin; those that responded were immediately isolated from the herd that supplied milk offered for sale. The veterinary adviser who performed the inoculations certified that the milk sold from this farm was drawn from cows free from tuberculosis; as a result the demand at once increased and many fresh customers came for their daily supply of milk, and this man's trade is materially extended. Doubtless a more imposing result would follow the establishment of my proposed farm, as an additional *éclat* would be given by the association of a well-known body of medical practitioners whose connection therewith would be of a special character.

I hope these facts will serve to arouse active interest in the minds of those medical men who have so far held themselves aloof, and that I shall shortly hear from a number sufficient to warrant my calling a meeting at an early date.

Yours faithfully,

J. SUTCLIFFE HURDALL, M.R.C.V.S.

Sussex Villas, Kensington.

16th March, 1899.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

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## BOOKS RECEIVED.

*One Year's Work in Abdominal Surgery.* By Nathaniel W. Emerson, M.D. Boston: Press of Samuel Usher, Devonshire Street. 1899.—*The Surgical Clinics of the Massachusetts Homœopathic Hospital Service of Nathaniel W. Emerson, M.D.* Boston: Press of Samuel Usher, Devonshire Street.—*Fibro-Myomata Uteri.* By Nathaniel W. Emerson, M.D. Boston. (Reprinted from *North American Journal of Homœopathy.*) December, 1898.—*The Homœopathic World.* March. London.—*The Chemist and Druggist.* March. London.—*The Calcutta Journal of Medicine.* February.—*Tasmanian Homœopathic Journal.* February. Hobart.—*The North American Journal of Homœopathy.* March. New York.—*The Medical Century.* March. New York and Chicago.—*The Medical Times.* March. New York.—*The New England Medical Gazette.* March. Boston.—*The Hahnemannian Monthly.* March. Philadelphia.—*The Homœopathic Physician.* March. Philadelphia.—*The Homœopathic Recorder.* February. Philadelphia.—*The American Medical Monthly.* February. Baltimore, Md.—*The Clinique.* February. Chicago.—*The Hahnemannian Advocate.* February. Chicago.—*The Medical Brief.* March. St. Louis, New York and London.—*The Pacific Coast Journal of Homœopathy.* February. San Francisco.—*The Minneapolis Homœopathic Magazine.* March. (Two Nos.)—*Red Cross Notes.* Series II., Nos. 4 & 5. New Brunswick, N.J.—*The Homœopathic Envoy.* March. Lancaster, Pa.—*Revue Homœopathique Française.* February. Paris.—*Le Mois Médico-Chirurgical.* February. Paris.—*Allgemeine Homöopathische Zeitung.* March. Leipsic. (Two Nos.)—*Archiv. für Homöopathie.* March. Leipsic.—*Homöopathische Maandblad.* March. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BRUNN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. Gould & Sox, Limited, 69, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### HAS HOMŒOPATHY "FAILED TO BUILD UP ANY LASTING MEDICINAL SYSTEM"?

In the February number of our journal (p. 65) in an article entitled *The Influence of Homœopathy upon Therapeutics*, we criticised Dr. EWART's Harveian Lecture for 1898. On the present occasion we purpose to examine more fully the assertion he makes in the course of his second lecture, that while, as he says, homœopathy "shattered the old belief, yet it failed to build up any lasting medicinal system."

In the passage in which he introduces this statement, he says: "Scepticism in therapeutics had existed from antiquity, but it had never prevailed. Early in this century, however, there came a wave of scepticism stronger than any before. Strangely, homœopathy, while it shattered the old belief, made claims upon our credulity greater than any superstition." It is something to admit that it was homœopathy that shattered the old beliefs. No one can doubt that it was so. The old rough, barbarous treatment was proved, by the far greater success of homœopathy in the most serious cases, to be not only useless, but positively injurious. The old idols were knocked down, mankind was gradually freed from the dangers of the cure being greater than those of the disease, till at the present day a physician of fifty years ago would not know where he was if he came to life again. Such is the indirect beneficent

result of homœopathy in old-school practice. The profession could not shut their eyes to the fact that diseases, which they believed would be fatal unless treated "heroically," did get well much more quickly and with a far smaller mortality, to say nothing of the cure being pleasant, when treated homœopathically, than under the "heroic" treatment. No wonder that a wave of scepticism rolled on, and the "expectant" treatment held its sway so long, since the old school refused to look into the new system which had shattered the old one. They concluded that the small doses of homœopathy were too small to be of any use whatever, and consequently were, in their view, only so much cold water, or sugar of milk, and that the success of homœopathy was due to the *vis medicatrix naturæ*, aided by careful diet, and the absence of the disturbing drugs and the bleeding which it had been the fashion to employ. This was confirmed in their minds by finding, to their astonishment, that the expectant treatment—simple nursing and dieting, without medicine—yielded far better results than the old barbarous treatment. The essential cause of this scepticism in drugs was the determination of the old school not to look into the principles and practice of homœopathy, as distinguished both from the old rough treatment and from the expectant or nursing treatment. As Dr. EWART to-day says, "It made claims upon our credulity greater than any superstition." These claims were, (1) that the principle of similars was the true law of medication, a principle of treatment so diametrically opposed to current ideas that men could not bring themselves to discuss it seriously, much less to *try* if it were true by testing it in disease, but contented themselves with denouncing it as false in fact, unscientific, and mere nonsense—one learned physician describing it as "the grave of science;" and (2) that the dose must be small—infinitesimal as compared with the nauseous doses then current. It is the old argument, "It cannot be true, therefore, it is not." This is the argument underlying the whole of Sir J. Y. SIMPSON'S famous diatribe, and now we have Dr. EWART saying the same thing in his own form of words. It is melancholy to find a physician of the present day, posing as a philosophical leader in these lectures, admitting that his prejudices are so powerful

as to prevent him looking into and testing the merits of a system which at least "shattered the old belief."

But Dr. EWART would justify himself by saying, as he goes on to do, "It (homœopathy) failed to build up any lasting medicinal system"—a statement we have made use of in the title of this article. How he can allow himself to make such an astounding statement is a marvel to us. The only explanation of it is that he has wilfully shut his eyes to what is patent to anyone who goes about with his eyes open. It is just a century since HAHNEMANN promulgated his new views, which if not true, and successful in practice, would have died a natural death years ago, (as all false theories and practices have done,) and yet they are not dead. In 1840 there were only three or four homœopathic doctors in England, but they steadily increased in numbers till they were and are reckoned by hundreds—men fully qualified, with the same education and diplomas as those of the old school, men of equal talent and powers of observation and judgment, men who are staunch to their principles and practice, and who with the aid of the public, who are quick to perceive what the profession shuts its eyes to, have had a homœopathic hospital in London for fifty years. This hospital, which this year celebrates its Jubilee, has been, as all know, rebuilt at a cost of forty thousand pounds, and is now the most perfect hospital in London or anywhere; while in Liverpool, Birmingham, Bath, Bromley, Plymouth, Eastbourne, St. Leonards, etc., there are hospitals, with countless flourishing dispensaries all over the Kingdom where the practice of homœopathy is maintained. In America, again, where the old conservative views of England do not prevail, there are over 12,000 homœopathic doctors, with some 20 complete colleges recognised by the States, and empowered to grant degrees to their students. In this country there are three regular journals, which have been in existence for many years, while in America there are several dozens of them. Is there any failure here to "build up a lasting medicinal system"? This query seems almost too absurd to put. It is a lasting medicinal system, one that has come to stay, and it will last till it has gained its final victory by becoming the dominant system. Dr. EWART's calm *ex cathedra* statement can only be the

result of wilful blindness or culpable ignorance of the facts, coupled with an astonishing amount of prejudice in favour of preconceived opinions.

Dr. EWART then proceeds to "damn it with faint praise," praise which implies more than the lecturer would, in his heart, incline to concede to it. He says that though it failed to build up any lasting medicinal system, "it called attention to some unutilised drugs, and modified our opinion of the mode of action of some of the older ones." Let us see what this amounts to. The "unutilised" drugs can now be reckoned by the score, they were brought into notice by HAHNEMANN, they have been used by homœopaths ever since his time by the light of purely homœopathic indications, they are useless on any other principle than that of similars, they were, most of them, never even heard of till quite recently, and they are now brought out from time to time as "new remedies." And these "new remedies," be it observed, are used now solely for their homœopathic indications. Who ever heard of bryonia, except, as Dr. LAUDER BRUNTON informed us in his *Pharmacology*, as a drastic purge. Now we see it advertised as a potent remedy in pleurisy, rheumatism, bronchitis, &c. Whoever heard of pulsatilla or caulophyllum till those enterprising chemists, Messrs. OPPENHEIMER, brought out their *liquor pulsatillæ et caulophylli co.*, backing it up at first by recommendations from four different homœopathic books, (which, however, was quite safe in view of the state of old-school ignorance of homœopathy and its books,) and advising its use on the good old homœopathic indications. It very soon "caught on," and countless testimonials from old-school men kept pouring in, enabling the chemists to withdraw the earlier homœopathic quotations (which had served their purpose). And so on. It is a record of "bagging" homœopathic remedies, useful only for homœopathic indications, and in accordance with the law of similars, brought out as "new" remedies, while carefully keeping out of sight the fact that they have any connection with homœopathy. From any other point of view than the homœopathic, these "new" remedies are useless. Such is the history of the "unutilised drugs" to which homœopathy is credited by Dr. EWART with having "called attention."

But our lecturer states also that homœopathy "has modified our opinion of the mode of action of some of the older drugs." And here he is most certainly correct. Up till comparatively recently, the use of aconite as *the* febrifuge, *par excellence*, was simply laughed at; while to give belladonna in inflamed throat, arsenic in gastritis, gastralgia, diarrhœa and cholera; ipecacuanha in sickness and vomiting; bichloride of mercury in dysentery and dysenteric diarrhœa; cantharis in nephritis and hæmaturia, and many other similar instances, is *absolutely contra-indicated* except on one principle—that of homœopathy, and yet these pieces of treatment, thanks to Dr. RINGER, are now largely used in the old school, and, of course, with success. Such is the "lasting medicinal system" which has stood its ground for a century, and is revolutionising old-school physio in the very way Dr. EWART implies, while its "claims on our credulity, greater than any superstition," are, in spite of our lecturer, steadily making their way in the minds of all who do not shut their eyes to the truth.

Dr. EWART goes on, "But the practical service which it (homœopathy) did render was to direct attention to the importance of studying the resources of nature, and of adapting diet to her requirements." This certainly is *one* "practical service" it rendered, and we are proud of it. Instead of opposing nature by nauseous depressing drugs, HAHNEMANN aimed at assisting nature to recover, conserving her energies, and thus enabling the patient to throw off his malady. And as to diet Dr. EWART is also correct. The careful dieting instituted by homœopaths from the commencement no doubt aided nature greatly, and their rules are the foundation of the careful rules of feeding which are nowadays adopted by all worthy of the name of physicians.

Dr. EWART proceeds: "Expectant treatment was the next stage, and became for a time the last word of medical art. Drugs were discredited, and it was thought that the only safety lay in allowing nature to have free scope. This paralysing form of scepticism is now dead." Alas! no. It is not dead, and Dr. EWART on reflection will see that it is not, as clearly as we do. We have often quoted, but have not space to do it again here, the public utterances of the leaders in old-school medicine, relating to their

profound disbelief in the value of giving any medicine at all, except to please the patient and his friends, and to seem to be doing something; and scepticism will not die till homœopathic treatment is adopted. "The advance in etiology (he continues) and diagnosis rapidly revived the hopefulness of the physician by directing his aims towards definite objects, whilst the doctrine of discouragement was soon forgotten by their patients, with whom scepticism has never found favour." Yes. The long-suffering public will not believe us when we tell them of these frequent sceptical utterances by the leaders in medicine. They cannot take it in, and think they are prejudiced statements on our part. It is as well, perhaps, for their peace of mind that it should be so.

Dr. EWART goes on: "Treatment having learnt to strike at the cause was henceforth to be styled rational." The old school treatment always is, and always has been "rational"! at least in the opinion of its advocates. "The action of the more potent remedies was recognised and studied" (implying that this had never been done properly before) "and the advantages originally due to empirical treatment were utilised once more and turned to better account." Dr. EWART here says the "treatment has learnt to strike at the cause." We were under the impression that "*tolle causam*" was one of the oldest maxims, and that to remove the palpable cause of a disease was simply common-sense, but how many illnesses there are in which one cannot find a cause, and in how many has the cause passed away ere the patient is seen, the effects of the disease only remaining? We quite agree that the cause should be removed, provided we are sure of it and it can be done. But we object *in toto* to aiming our treatment at a theoretical cause, which is generally, if correct, past removal. The effects are the disease, and to treat the patient properly, the cause has to be ignored, as far as drug-action is concerned, and the state of general dis-health which has been set up must be treated homœopathically and symptomatically.

This latter remark brings us to Dr. EWART's next utterance—a really remarkable one from a homœopathic point of view. All who know anything of HAHNEMANN and homœopathy know that one of his great doctrines

of treatment was that a disease was not to be treated as an entity—as a disease—to be prescribed for in a routine manner; but that every case was to be individualised and differentiated, and that the symptoms present in each case, objective and subjective, were to be the guide to the selection of the remedy. The symptoms, objective and subjective, formed the picture of the disease as it manifested itself to our observation, and that these, and no theoretical cause, were to be treated. Now, let us observe what Dr. EWART goes on to say: “But the majority, while recognising as paramount the rational treatment of the cause, feel no scruple in dealing separately with its manifestations. Favoured by closer clinical investigations, this tendency is now a leading feature in practical therapeutics. Each symptom becomes a fresh opening for treatment by special drugs. Symptomatic treatment could hardly, however, have grown to its present importance but for the extraordinary supply of new (!) remedies, possessed of some prominent virtue in relation to particular symptoms.” And yet symptomatic treatment was, till very recently, jeered at, and homœopaths were taunted for treating their patients unscientifically, because they selected their remedies in accordance with the symptomatic indications. It is a great “score” for HAHNEMANN and homœopathy to find Dr. EWART recognising the “present importance” of such a mode of treatment, and admitting its correctness. But we fear that Dr. EWART’s estimate of symptomatic treatment is a very limited, one-sided, and erroneous one. To treat a symptom, unless it is a leading and prominent one, by a drug is not by any means the same as the scientific symptom-treatment of HAHNEMANN, where a drug is sought to “cover” the whole array of symptoms, and not to meet one here and another there by a different medicine for each. Dr. EWART will find this out for himself if he will take the trouble to open his eyes and study the question honestly. But the fact of this revolution of feeling in therapeutics is an important one, as it leads to the observation of minute points in disease-symptoms which were formerly ignored by the old school as valueless. And be it observed that this change of view is coincident with the absorption of the many “new” remedies which are advised to be given for certain marked symptomatic indications.

But there is yet another triumph to be recorded for HAHNEMANN and homœopathy. HAHNEMANN inveighed against the polypharmacy of the period, and insisted that only one drug should be given at a time, in order that the effects of the indicated remedy should not be opposed or neutralised by mixing it with others, since the effects of several drugs mixed together could not be foreseen or trusted to. Polypharmacy was based on ignorance of drug-action. The pure effects of each drug on the healthy body were really unknown, and hence a physician was unable to prescribe a single drug with any hope of accomplishing what he wanted. Thus several were mixed together in the hope that one or other or the combination might hit the mark. But of late the tendency, along with symptomatic treatment, has been, as a necessary consequence, to give up this polypharmacy, and to trust to one drug at a time. All this coincides with the adoption of the so-called "new" remedies. Hear what Dr. EWART says: "Polypharmacy, in its extreme form, has had its day, and monopharmacy is now in the ascendant. The combination of drugs, skilful, efficient and artistic (!), had been regarded as the highest fulfilment in practical therapeutics. Was this a fundamental mistake? . . . Monopharmacy, now in the ascendant, has lately been pushed to its simplest expression—the use of a single principle taking action upon a single morbid factor. But in the separate administration of any one vegetable drug, there is something of polypharmacy, the various principles contained being often dissimilar in their actions. Even these isolated principles must tell upon various organs, the functions of which may react differently to them; and as in the familiar instance of morphine, the therapeutic dilemma is often how to help these functions without harming the others." To speak of giving any one vegetable drug as a kind of polypharmacy is a charming example of special pleading. For one vegetable drug has to be "proved" as it is in nature, and these effects are those of the drug as a whole. By this knowledge we prescribe it, and *know* what the therapeutic result will be. And if the drug is selected homœopathically, in accordance with the symptomatic indications, and given in a proper small dose, there is no fear of harming other functions while benefiting one.



As to morphine, the more closely is the treatment of a case homœopathic, the seldomer will it be necessary to have recourse to it, as it is a mere palliative. "It is now possible," Dr. EWART goes on, "in some cases to single out the morbid agent as well as the remedial principle. This fulfilment is the fruit of bacteriology, which has provided us with toxins and anti-toxins, addressing themselves directly to the cause of the disease." On this point we would premise that the anti-toxin treatment is yet on its trial, and it is an interesting question whether the use therapeutically of the anti-toxin is not an example of homœopathy. The toxin is obtained from the diseased subject, and is then passed through an animal which is not susceptible to the disease in question, but develops a state somewhat similar to it, and then the serum from this animal—a really new product—exercises its remedial power. It is a *simile*, not an *idem*, in the same way as the vaccine lymph is *similar* to that of variola, but not the *same*. We do not, however, insist on this point, as there is a difference of opinion in the homœopathic school as to whether the anti-toxins are homœopathic or not in their action.

After dwelling on some other interesting points, Dr. EWART gives the following pronouncement, with which we fully agree (the italics are ours):—

"How different are our present notions from the old idea that disease was a thing to be starved out of existence, strangled by violent remedies, or made to escape with profuse discharges of serum or of blood. No longer do we see the bleeding of the old days, when, because it was spring or autumn, rich and poor flocked to the apothecary to be bled to the point of fainting. There was occasional good in blood-letting, and in certain conditions of disease it is now being revived. It was its immoderate use which was so baneful.

"Our principles of treatment have become in a true sense physiological. Their object is to raise vitality when it is depressed, and to restore function if it should be arrested or disturbed. *Our method differs entirely from that of the expectant treatment. Nature cannot always be safely left to herself.* Interference, to use the word in an invidious sense, is to be avoided; but our intervention is often indispensable, as, for instance,

when chronic obstructions finally lead to a deadlock. This is the climax of a long continuance of faulty or imperfect function. Long before the crisis, the need for intervention existed, and the art consists in its timely recognition."

After this analysis of Dr. EWART's lecture, so far as it concerns homœopathy, in which he himself says that it (homœopathy) has shattered the old beliefs; that it has "called attention" to unutilised drugs, which have been homœopathic ones since HAHNEMANN's time, and which are useless on any other theory of cure; that it has taught the old school the true use of many drugs common to both schools; that it has taught the profession the resources of nature, to be aided and not opposed; that it has taught the true rules of diet in disease; that it has taught the value of symptomatic treatment; and that it has given the death-blow to polypharmacy; and above all, though Dr. EWART does not say so, that it has given to the world a law in medicine, that of *similia similibus*, the absence of any law in old-school physic being admitted by all; that this principle in therapeutics has stood its ground for a century, in spite of the most vehement and powerful opposition, and that at the present day it counts among its staunch adherents tens of thousands of educated physicians all over the world; that its hospitals, dispensaries, colleges, and journals exist and flourish in every civilised country; need we say that there can be only one reply to the query which heads this article, and that our flat denial of Dr. EWART's pronouncement is fully justified.

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#### A CASE OF EMPYEMA IN A CHILD CURED BY A SINGLE ASPIRATION AND MEDICINAL TREATMENT.

By J. ROBERSON DAY, M.D. Lond.

Physician for Diseases of Children to the London Homœopathic  
Hospital.

CECIL S., aged 16 months, was admitted to the London Homœopathic Hospital under my care on July 16th, 1898.

Family history: The father, aged 32, is of intemperate habits; the mother, aged 30, is healthy. The patient is

the third and youngest in the family, and the only surviving child, two others having died of debility and bronchitis, aged 10 days and 8 days respectively.

Past personal history: He was breast-fed entirely, and was very ill when teething. Three or four months ago had "inflammation" of the left lung. From this he recovered.

PRESENT ILLNESS began three weeks before admission. On July 16th, I first saw the patient with a colleague, who had only just seen him, and who kindly transferred him to my care. He was then in a very collapsed state, dusky, respirations 64, pulse frequent and weak, the least movement causing syncope. The heart was beating in the region of the right mamma. The left pleural cavity was absolutely dull. I at once aspirated over a pint of pus, sustaining the patient with brandy and milk, and sent him into the hospital.

State on admission\* ; July 16. The patient arrived at the hospital in an apparently moribund condition, with a temperature of 101°. After a hot bath and brandy he rallied somewhat, but the chest was not thoroughly examined, as the child was too ill. The heart was beating to the right of the sternum. Ant. tart. 3x gr. j., 3 hours, was given, and white wine whey.

July 17. Child was given a hot bath, T. 100°, at 10 p.m., as he was cyanosed and collapsed.

July 18. Bath repeated at 2 a.m. Chest showed respiratory movements more on the right side. On left side *bruit de pôt fêlé* obtainable on percussion. Breath sounds feeble on the left side, no dulness. Patient is better to-day and this evening, pulse, temperature, and respiration have all improved.

July 20. Patient is much better—the lips are redder and temperature 99.2°. The chest has sunk in on the left side, near the seat of the puncture, and the *bruit de pôt fêlé* not so evident. Bronchophony louder on the right than the left side, with breath sounds. No dulness obtainable, every symptom points to the mischief healing up and no new formation of pus. The heart appears to have returned somewhat from its abnormal position and

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\* I am indebted for the notes of this case to Mr. E. S. Hall, who was acting as House Physician at the time.

probably the apex beat is now behind the sternum, as it cannot be felt to the right or left of that position.

July 26. Chest again examined. In front no dulness on percussion, on left side a hyper-resonant note. Breath sounds on left side feeble and in places absent, with very little entrance of air. Slight œdema of the chest wall. Behind: dulness on the left side from  $\frac{1}{2}$  inch above the angle of the scapula downwards, and absence of breath sounds over this area. The child does not seem so well.

Medicine changed to *arsen. iod.* 3x gr. j. and *hepar. sulph.* 3x gr. j. alternate 2 hours.

July 27. There is a sinking in of the chest over the lower cartilages on both sides. Dulness now only extends to one inch of the angle of the scapula downwards on the left side.

July 30. There is no dulness on the left side of the chest now, back or front, but there is very little entrance of air. The left side of the chest is sinking in.

Aug. 1. Troublesome cough; normal temperature; sleep good.

Aug. 2. Breath sounds are beginning to be heard over the former dull area, as if the collapsed lung was beginning to expand again. The child is in a very feeble state, and seems very weak.

Aug. 17. Cod liver oil commenced and medicine changed to *strychniæ phosph.* 3x, *m ij.*, 6tis horis.

Aug. 24. *Ant. tart.* 3x was again given at night, and on Aug. 25, *ars. iod.* 3x, gr. j. ter die.

Aug. 29. Patient has gained 1 lb. since admission, and the appetite is very good.

Sept. 1. Has gained 1 lb. during the last week, and is going home to-day.

He continued as an out-patient, and the following notes are from my out-patient case book.

Oct. 27. Examined patient to-day and found the left side of the chest resonant, and the heart returned to its normal site. *Calc. phosph.* 1x, gr. j., ter die.

Nov. 17. Gave *fer. phosph.* 3x, gr. j., ter die.

Dec. 12. He went to our convalescent home at Eastbourne, where Dr. Croucher kindly took charge of him, and he returned on Jan. 9th, 1899, very much better in every way. The two sides of the chest are now quite equal in appearance, and the heart's apex beat is in the fifth interspace, in the nipple line. The percussion note.

is equal and normal on both sides, and the breath sounds are good everywhere.

The patient is, however, still very rickety, with a large head, and the transverse sulcus across the chest is very marked.

He has only 16 teeth although two years old.

There is some nasal obstruction due to post-nasal adenoids and he has a cough.

The appetite is very good, but he suffers from constipation. His colour varies, but generally he is pale.

I am still keeping him under treatment, and have no doubt he will yet grow up and justify the care and attention that has been bestowed upon him.

*Remarks.*—Empyema is a common enough disease in early childhood, when it may follow a neglected pleural effusion (serous), or, in a cachectic child, prove a sequel to one of the acute specific diseases, notably after scarlatina.

When acting as house physician at the Wolverhampton Hospital, where there is a special isolation block for scarlatina, there were always a certain number of empyemata which had followed scarlatina, and the treatment there adopted was by a free incision and often resection of a rib with the insertion of a drainage tube. I cannot recall one case where a single aspiration was followed by cure.

At the Brompton Hospital, where I acted in a similar capacity, I remember many cases of empyema, but all were treated by free drainage and often by resection of one or more ribs. One very remarkable case in a boy which had been treated in this way left an unsatisfactory result, the whole pleural cavity forming one large secreting abscess cavity, the lung remaining permanently collapsed. The surgeon in charge performed repeated operations for resection of the ribs in the hope of the cavity closing up. Also sponge-grafting, which was then in vogue, was tried, but all in vain, a chronically discharging sinus remained.

In a paper read before the New York Academy of Medicine (Jan. 16th, 1896), Dr. Joseph E. Winters advocates using an aspiration needle as a guide to making a free incision when pus is diagnosed.

The object of all treatment must be to get the lung which has been collapsed by the pressure of the pus, to

re-expand, and obviously the longer the lung has been suffered to remain compressed by the fluid, the poorer will be the chances of its expansion: therefore aspirate *early*.

I have also not the least doubt the very satisfactory result which followed in the case I have recorded was largely due to the medicines employed.

During convalescence lung expansion may be encouraged by massage and suitable respiratory exercises, which in older children can be readily employed.

In one classical case a cure is said to have been largely due to the patient playing the cornet, which favoured lung expansion; in fact, we know that performers on wind instruments are liable to suffer from emphysema, a hint which should be of service in treating these cases.

The pulse, respiration, and temperature chart which I have reproduced show the gradual return to the normal, and the diagram indicates the condition of the chest *before* aspiration.

The following quotations from standard authorities are germane to the subject, and it will be observed from these that little reliance is placed on simple aspiration and medicinal treatment where the fluid is purulent and abundant.

Dr. Goodhart, however, has recorded five cases where simple aspiration was sufficient, and Dr. Barlow also has had good results.

"Directly a diagnosis of pus in the chest is made, arrangements should be made to evacuate it, and this, in the vast majority of cases, should be by free incision and drainage. Aspiration may be tried once or twice in local empyemata especially in infants and small children, but it is only in the minority of cases that it will succeed. . . . Aspiration then should be employed for small, single, recent empyemata, and in some few of such cases after one or two tappings the pus will cease to be secreted."—ASHBY and WRIGHT.

"If pus form the cavity in all likelihood will soon refill"; then, after a preliminary tapping, "in one or two days, according to the state of the patient, an opening must be made," and through this the pus "will be drained to the last drop."—CLIFFORD ALLBUTT, *Quain's Dictionary*.

## DISEASE

Embyama

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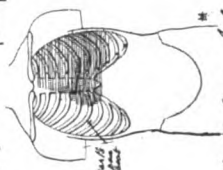
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Notes of Cases

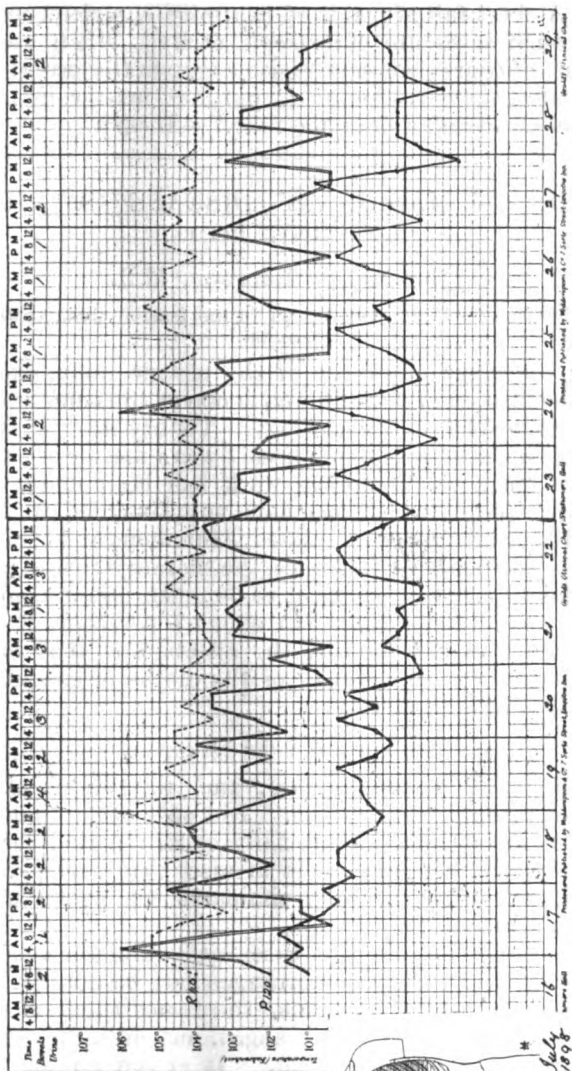
Expiration...

Value. —

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Result Cured



“A chest full of pus is of necessity a serious matter. But such cases are of extreme rarity. When they do occur, of course, common sense suggests the propriety of an outward evacuation of the purulent matter, by means of puncture and a drainage tube.”—TOOKER.

### III. ON MALIGNANT DISEASE OF THE UTERINE BODY.

By GEORGE BURFORD, M.B.

Physician for Diseases of Women to the London Homœopathic  
Hospital.

THE diagnosis of cancer of the uterine body, like the demonstration of pyo-salpinx, is one of the achievements of the revival of gynæcology. Twenty-five years ago its existence as a primary disease was a matter of debate. Since then, exact clinical work has been done, exact microscopic examinations have supplemented this, and the literature now accumulated is luminous and considerable. As in similar enquiries, the thorough investigation of the disease has shown it to be much less uncommon than was formerly held. In about 7 per cent. of cases of cancer of the uterus, the affection is that of the uterine body. And cancer of the uterus in general is a widely prevalent disease.

#### *Carcinoma and the Menopause.*

Malignant uterine disease, and the epoch of the menopause are sworn allies. Not only is the time-area of the menopause the specially chosen period for the development of cancer; it is also that early uterine carcinoma often clinically simulates the perturbations of the menopause.

Especially is this the case with carcinoma of the uterine body. The hæmorrhages may be misconstrued as menopausal aberrations, the leucorrhœa is often inodorous, pain may be slight, or entirely absent, cachexia is a late symptom. It is the *persistence* of hæmorrhage, leucorrhœa, pain, rather than their occasional, if marked, occurrence, that properly excites suspicion. We have repeatedly seen cases where the recurrence of sharp hæmorrhage, or of pain construed as cancerous, have ultimately proven to be quite other



than malignant. And repeatedly there have come under our notice, instances where slight but persistent leucorrhœa and hæmorrhage, after the menopause, have had an unsuspected malignant origin.

### *Prognosis.*

Every case of malignant disease, *ex hypothesi*, tends to death; but the malignant affections of the uterine body differ materially in their rate of progress, and date of overflow to other tissues. And these two factors, rapidity of progress and time of metastasis, together control the response to treatment. The most rapid course and the earliest metastasis are conjoined in *deciduoma malignum*—a fatal termination having been known to ensue in six-and-a-half months. Next in point of virulence and speed is *sarcoma of the uterus*, especially the nodular form; we have known this to run its course in a few months after the symptoms had been first observed, and when removed by operation it almost invariably recurs.

*Carcinoma of the uterus* differs from the foregoing in its slower progress, and, most important, in its strict limitation to the uterus for a much longer period. The cancerous infection is often limited to the uterine tissues until late in the history of the disease; lymphatic glands and cellular tissue may remain unaffected until the disease is well advanced, and this, from the point of treatment, is of prime importance. The results of operative procedure are successful beyond expectation if instituted sufficiently early, and the response to local measures or pure therapeutics is enhanced by the limitation and localisation of the infective power for relatively a long period of time.

These remarks apply to—

*Malignant adenoma of the uterus* with added emphasis and greater amplitude. But for its known termination, this affection might reasonably be held for a long time to be non-malignant, while it drags along its weary length, often of years. Before constitutional involvement or local overflow occur, a much longer time elapses than in any other malignant lesion of the corpus uteri. Late in the history of the case the signs of malignancy become undoubted; anæmia, sapræmia, cachexia ensue;

the patient succumbs. The period during which the patient is salvable is much greater than in any other of its malignant congeners.

### *Treatment.*

A small proportion of cases of malignant disease of the uterine body is undoubtedly amenable to therapeutic treatment, but a much larger proportion is not; and we know not as yet which are the cases and what are the tissues where therapeutic measures alone are adequate and exclusive.

### *Canons of Treatment.*

1. The sphere of therapeutics is (a) where the malignant disease has overflowed the confines of the uterus; (b) where metastasis to other organs has occurred; (c) where concomitant conditions (age, organic disease) preclude operative interference.

2. The sphere of surgery is the early stage of uterine malignant disease, and before metastasis or overflow has occurred. The early stage is eminently favourable for successful radical treatment.

3. Neither pronounced local symptoms nor marked cachexia are in themselves any bar to a successful issue; this is determined by the clear circumscription of the disease by the uterine tissue. The implication of glands is often quite late in the history of the disease.

4. Those forms of malignant disease whose clinical course is most rapid before operation (sarcoma, deciduoma malignum) are those most liable to recur after operation. For malignant tumours of some size, with a recent history of rapid growth, and especially if adhesions can be demonstrated, radical operation is undesirable; early recurrence is almost certain; and the growth is even more rapid than before. Therapeutic measures alone are here applicable.

5. Those forms of malignant disease of the uterine body whose clinical course is relatively slow (carcinoma, malignant adenoma) are least liable to recur after operation. *Every case of carcinoma or malignant adenoma of the uterine body is salvable, as long as the uterine lesion is definitely self-contained, and the remedy is immediate total hysterectomy. Delays are dangerous.*

6. For the relief of the hæmorrhage and foetid discharge in the earlier stages of inoperable cases, as well as for the control of the sapræmia from absorption, local measures are very effective. These include both the local doucheing with deodorants so absolutely requisite, the application of local remedies such as hydrastis or arsenic, and the removal of the foetid and necrosed *débris* by the curette. The use of internal remedial measures is also of great value.

7. For the relief of the symptoms in the later stages of malignant uterine disease, the higher dilutions, carefully prescribed, are often of more service than the lower potencies.

8. As regarding operative removal, carcinoma and malignant adenoma of the corpus uteri are on a totally different plane to that of malignant disease elsewhere, even in the cervix. Its results, as regards absence of recurrence, are far and away before those of operation for cancer in the breast, or intestine, or tongue.

All recent work points to the conclusion that *practically every case of malignant adenoma or carcinoma of the corpus uteri would be permanently salvable if taken sufficiently early*, and operated on with sufficient care. Once past the line of demarcation, and the circle of the patient's life rapidly narrows.

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## SIX CASES ILLUSTRATING THE SURGERY OF THE LIVER AND GALL-BLADDER.

By DUDLEY WRIGHT, F.R.C.S. Eng.

Assistant-Surgeon and Surgeon for Diseases of the Throat and Ear  
to the London Homœopathic Hospital.

CASES of liver and gall-bladder disease do not very frequently come under the care of the surgeon. Perhaps it would be better if they did, and this especially applies to cases of cholelithiasis. There seems to be a widespread opinion—and this apparently rests upon substantial grounds—that the constant irritation provoked by the presence of stones in the gall-bladder may ultimately give rise to cancer of that viscus. Whether this be strictly true or not, it cannot be gainsaid that the presence of an enlarged gall-bladder should always

bring prominently into question the propriety of the adoption of surgical procedures.

Apart from this, there are other conditions which, though perhaps less serious, and certainly less distinct in their symptomatology, may, likewise, with advantage be surgically dealt with.

I refer particularly to adhesions between the gall-bladder and adjacent organs. That such can excite very serious and disabling symptoms none who have any acquaintance of the subject will deny, and the cases herein reported will confirm this.

Another condition which, to my mind, might also sometimes with advantage be surgically treated is that in which chronic catarrh of the gall-bladder and bile ducts leads to the formation of plugs of hardened mucus. These masses are sometimes sufficiently solid to cause most excruciating pain in their passage through the bile channels. Such a condition is undoubtedly amenable to medical treatment, but one can conceive of a few cases in which a temporary drainage of the gall-bladder might be of immense advantage to its possessor. This plan of treatment would relieve that organ and its duct for some time of their work, and thus help to restore them to their normal condition. The same method is used with success in cases of very chronic cystitis, and one might well ask, why not here also? This is of the more importance since it is now clearly established that chronic catarrh of these organs is, in most cases, the precursor of gall-stones. The increase of nucleo-albumin, and the presence of serum-albumin in the secretion appear to lead to the precipitation of cholesterine, which forms the nucleus upon which the stone is ultimately built up.

It would be scarcely necessary to mention that a large percentage of gall-stone cases never show a trace of jaundice, were it not that many still seem to think that the diagnosis is never certain until this symptom has appeared.

The following six cases have, with one exception, been under my care during the past twelve months. They all show some points of interest, and none less so than the first which, by all my colleagues at the hospital, was looked upon as a typical one of gall-stones. The shape and feel of the enlarged gall-bladder was extremely

suggestive, and the occurrence of an intermittently high temperature before operation pointed in that direction, and yet the operation revealed cancer of the organ.

### CASE I.

*Jaundice with Enlarged Gall-bladder due to Cancer.  
Secondary Nodule in Liver. Exploratory Operation.*

Lucy M., æt. 56. History of pain in abdomen for two months. The pain was acute and came on suddenly. Chiefly in the lower part of abdomen and at waist, and radiating into the interscapular region. The pain continued on and off up to the present time. Seven days ago she first noticed that she was jaundiced and this has increased. The stools then became clay coloured and the urine a deep brown.

The patient had a similar attack of jaundice two years ago after influenza, but this only lasted a few days.

No history of cancer in the family. Examination of the abdomen shows a hard resistant roundish mass on the right side about three inches from the median line, and about two inches above the level of the umbilicus. It is slightly nodulated, about the size of a walnut, and it is tender to pressure. The abdominal walls are freely movable over it, and when pressed upon the tumour slips away from under the fingers.

The patient is a fairly healthy-looking woman, and had good health until five years ago, when, owing to a good deal of family trouble, her health seemed to break up. Urine, no albumin, shows well-marked bile pigment reaction.

The patient was in the hospital for a week before being operated on. During that time she had a good deal of pain and wasted visibly. Hot fomentations relieved the pain. The tumour increased in size during this time. There was some vomiting, and the temperature varied between 97.4° and 101.6°.

After a consultation with my colleagues—the view taken being that of gall-stones—the operation was performed. An incision was made over the swelling and the peritoneum opened. The gall-bladder was brought up into view, and it was found that the swelling was due to a malignant growth which chiefly affected the lower end and left side.

A further examination unfortunately showed a small secondary nodule on the diaphragmatic surface of the liver, for had it not been for this, the case was eminently one suited for cholecystectomy. The gall-bladder was, therefore, replaced and the wound sewn up. The further record of the case is not a happy one. The pain was often severe, and the patient went downhill rapidly and died five weeks later.

#### CASE II.

*Adhesions between Gall-Bladder and Great Omentum, causing Attacks of Colic and general ill-health. Operation; Recovery; Cure.*

Rev. —, æt. 43, sent to me by Dr. Vincent Green, of Wimbledon, was of a bilious disposition and gave a history of an attack of jaundice at the age of 17 years. Ten years ago he was laid up as the result of over-work.

He had suffered from dyspepsia for a long time, and for the last five or six months has had attacks of pain in the region of the gall-bladder, from which the pain radiates down into the right groin and across the abdomen and into the back. The attacks vary in duration, and there is more or less constant gnawing pain in the region of the gall-bladder. In the most severe attacks the pains are of a colicky character, relieved by bending double, and accompanied by looseness of the bowels, amounting at times to profuse purging. The attacks come suddenly and are relieved by action of the bowels.

There has been no jaundice, shivering, nor vomiting during any of these attacks. His diet consists of ordinary plain food, except meat, pastry, and cheese. Bowels are constipated or there is diarrhoea in alternation; any nervous excitement produces diarrhoea. The patient has suffered much from the present complaint, and his work is greatly interfered with.

Operation having been decided upon, the patient was put under ether. An incision was made downwards for almost  $9\frac{1}{2}$  inches from the tip of the eighth right costal cartilage, and the peritoneum opened. The gall-bladder was found much distended, and projected about  $\frac{1}{4}$  inch below the liver margin. On raising up the gall-bladder it was found to be adherent in several places to the great omentum; these adhesions were separated after being

ligatured. The cystic duct was carefully palpated, but no sign of stone was found either in it or the gall-bladder itself, but there appeared to be some slight thickening at the upper part of the duct. The pylorus appeared healthy; the liver was not enlarged, and no disease of other viscera was found; there was, however, some puckering of the upper surface of the liver (? commencing cirrhosis or evidence of past hepatitis).

The gall-bladder was brought up into the wound and opened, and a good deal of dark green bile escaped. The edges of the incision were then sutured to the abdominal wound, the skin not being included. The rest of the abdominal wound was closed, and an iodoform gauze drain inserted into the gall-bladder.

The after history was uneventful. For the first 24 hours rectal feeding was used. Very little bile drained away at first, but on the second day, after some *mercurius dulcis* 1x, the flow was very free. The sinus gradually closed up, and I understand from Dr. Green that six months after the operation the patient was in good health, and free from the old pains in the gall-bladder region.

### CASE III.

*Large Hydatid Cyst of the Left Lobe of the Liver. Operation and Removal of the Cyst Wall and contents. Recovery.*

Mrs. H., æt. 32, sent to me by Dr. March, of Reading, gave the following history. Two years ago commenced having a series of attacks of pain in the epigastrium. The patient attributed them to severe indigestion. They were unaccompanied by any other symptoms. About a week later she noticed a lump of about the size of a small orange. This remained about one month, and then became smaller and finally disappeared and with it the pain. Up to two months ago she was in fairly good health, but about that time she noticed that the lump had reappeared, and there was slight pain in it. The lump grew and the pain increased, and finally became very severe. This is relieved by lying down. When she stands up, in addition to the pain—which is of a sharp, cutting character—there is a dragging sensation in the epigastrium. Examination shows a well-marked

protrusion of the abdominal wall in the epigastrium and left hypochondriac regions immediately under the ribs. It is rounded and very tense, and moves downward with inspiration, and does not appear to be separable from the liver. It is dull to percussion all over, and communicates a distinct thrill to the hand (hydatid fremitus). A trace of albumin in the urine; no sugar.

The diagnosis of hydatid cyst was made and forthwith an operation was performed. Incision made directly over the tumour. The peritoneum was opened and the tumour exposed, and it was found that the incision had reached a spot which was quite shut off from the rest of the peritoneal cavity by firm adhesions. A small trocar was inserted into the tumour, which evidently sprang from the left lobe of the liver, and 30 ounces of fluid drawn off. The puncture was enlarged by incision and a further quantity of fluid was evacuated. The finger was inserted to explore the cavity, which was as large as the fist. The cyst wall was separated and it, together with numerous daughter cysts, was removed. It had the typical laminated structure of a hydatid cyst.

The edges of the incision in the liver were united to the abdominal incision, not including the skin, and a large drainage tube was inserted. The rest of the wound was closed.

The next day the dressings were soaked with bile. This decreased in quantity and gradually the cyst shrank up. When I last saw the patient two months after the operation she was in very good health, and a small sinus, which was discharging but little fluid, and this gradually growing smaller in quantity, was all that remained of the former disease.

#### CASE IV.

##### *Solitary Gall-stone in the Gall-bladder. Removal. Recovery.*

Emily H., æt. 44, sent to me by Dr. C. E. Wheeler, passed a gall-stone 19½ years ago. Previous to this had been subject to bilious attacks. Has had since the first gall-stone nine other attacks of colic, in each of which a gall-stone has been passed and found in the motions. These all took place within 13 months. Since 18 years ago has not passed a stone, but has had numerous slight



attacks of pain in gall-bladder region, and for some time past has not been free from pain there. Dr. Wheeler reports that treatment relieves but never seems to cure. Since last two months has had diarrhoea, which is relieved by taking small doses of castor oil. Lost a good deal of flesh lately. The patient was anxious to have an operation done.

Under ether an incision was made in right semilunar line immediately below the ribs. The gall-bladder was found lying somewhat deeply, and palpation showed the presence of a calculus. This was removed through an incision, and the gall-bladder was stitched to the abdominal walls in the usual way. The calculus removed was between the size of a walnut and a filbert. It was covered with a crystalline deposit and closely resembled an oxalic acid stone from the kidney. It weighed 52 grains.

The patient rapidly got better. The bile drained away from the gall-bladder in diminishing quantities for 13 days and the sinus was by that time closed.

#### CASE V.

*Tumour of Gall-bladder with many Adhesions to surrounding Viscera and containing Thirteen large and many smaller Calculi. Operation and Removal. Recovery.*

Sarah S., æt. 64, presented herself at Dr. Neatby's clinic at the hospital for an abdominal tumour, and gave the following history. Twelve months ago she had a fall down stairs and dates her present trouble from that. Two months later she noticed a lump in the right side of the abdomen about the level of the superior spine of the ilium. This seemed to grow upwards and to the left. She has lost much flesh recently. Has had no vomiting, diarrhoea or constipation. Very little pain, but mainly a feeling of weight and dragging especially when lying on the left side. No colic. On examination a tumour occupying nearly the whole of the right side of the abdomen was found. It presented an irregular surface, and projecting from it, a little above and external to the position of McBurney's point, was a round hard node about the size of a Tangerine orange. The tumour followed the line of the ascending colon. There was a modified dull percussion note on the whole

of its area. The mass was somewhat tender to pressure and did not move with respiration. The liver dulness is lower than normal and there seems to be a line of tympanitic note separating it from the main mass of the tumour.

Dr. Neatby kindly handed the patient over to me, and as the diagnosis was by no means certain an exploratory operation was decided upon, malignant disease of one of the abdominal organs being suspected.

Under ether anæsthesia a 3-inch incision was made from the ninth right costal cartilage downwards. The tumour was exposed, and at first appeared to be a mass of adherent bowel and great omentum and gall-bladder. One thick cord-like adhesion existed between the upper surface of the liver and parietes below the costal margin, the liver being  $1\frac{1}{2}$  inches below the ribs. This adhesion was divided, and the omentum and bowel separated from the gall-bladder. This latter was found very distended and its coat thickened and irregular, having all the appearance of malignant disease. There were no secondary nodules elsewhere. So deceptive was the appearance of the gall-bladder that I had almost decided to finish the operation, thinking that undoubted malignant disease was present. However, to make certain, I explored the gall-bladder by puncturing it with a needle, and immediately struck a stone. The gall-bladder was therefore immediately laid open and was found packed with calculi. These were removed with some difficulty, so tightly were they wedged together. After they had been released the cystic duct was found full of calculi. These were removed also, much aid being got by pressing them up into the wound by a finger passed through the foramen of Winslow. Thirteen stones of about the size of a marble, but of a quadrilateral shape, and numerous smaller ones were removed altogether.

The patient made a good recovery. The only thing which gave trouble was some slight sloughing of the wall of the gall-bladder, which was brought up to the parietes. For two weeks the bile flowed away freely, and two weeks later the whole wound had healed.

CASE VI.

*Chronic Pain in Liver Region. Chronic Dyspepsia with Adhesions of Gall-bladder to Omentum. Drainage of Gall-bladder. Recovery.*

Mr. C., æt. 38, seen in consultation with Dr. Hall. The patient's trouble dated from 12 years ago. Began as simple dyspepsia, but shortly became more than this. Would get colicky pains in epigastrium and gall-bladder regions at intervals of three weeks. They usually came suddenly, lasting from four to five hours, but sometimes 12 to 19 hours, and then would disappear suddenly. This went on for three years, and then was free for a year. Seven years ago he had a violent attack after travelling in very cold weather. This lasted 19 hours, and was so bad that morphia had to be injected. This, however, brought on a bilious attack with vomiting and high fever (? a part of the original attack). This illness lasted three weeks, and after that was better for a time. Three years ago the old symptoms returned, and have been present on and off up to the present time. First consulted Dr. Hall two months ago, and he diagnosed gall-bladder trouble.

The patient has lost flesh lately, and has become very despondent. Examination revealed tenderness in epigastric and right hypochondrium. No tumour to be felt. No jaundice. Stools natural colour. The patient has a sallow complexion.

Exploratory operation advised and consented to. Incision made in middle line just below ensiform cartilage. The stomach was first explored. It was smaller than natural, but showed no other abnormality. The gall-bladder was somewhat distended, and a small adhesion found between it and the large omentum. The liver was slightly enlarged and very congested, being of a deep maroon colour. During these manipulations the patient became suddenly very collapsed, and restorative measures had to be applied. The operation was completed as quickly as possible by making a second incision immediately over the gall-bladder, and bringing it up into the wound, fixing it there by two sutures, and securing it from slipping back by catching it with a pair of artery forceps, which were kept on for 36 hours. The other incision was closed.

At the end of 36 hours, as the gall-bladder had become adherent to the sides of the wound, it was opened and some bile escaped. No stones were found. For two days the bile came away. It was much lighter than natural, and for some time the fluid consisted mainly of the nucleo-albuminous secretions of the gall-bladder, scarcely any bile-colouring matter appearing. A few doses of bryonia 1x, however, restored the biliary flow. Two weeks after the operation the patient was much improved. He was eating chicken and other solid food, which he had not been able to do for some months. He had lost the old pain, the only pain he had was some stabbing in the wound, which had not quite healed. It is now only four weeks since the operation, so it is too early to say whether the improvement is permanent.

*Post Scriptum.*—In view of the importance of intra-abdominal adhesions I should like to add that, as a result of abnormal connections thus produced between the neck of the gall-bladder and the pyloric portions of the stomach, obstruction of the latter orifice, with all its attendant consequences, has been produced. It is gradually becoming recognised that these adhesions between various organs are the cause of obscure symptoms often suggestive of malignant disease.

It would, therefore, be well if it were possible in any way to diagnose correctly any given case; and, in the hope that some use may come of it, I would here like to say that in both of the cases above narrated, the patients expressed themselves as always feeling relieved the day after an examination had been made. I presume that the palpation acted in the same way as massage would have done, and it remains to be seen whether this symptom can be relied upon as indicating the presence of adhesions.

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## PODOPHYLLUM.

### CLINICAL NOTES ILLUSTRATIVE OF ITS ACTION.

By GEORGE BLACK, M.B. Edin.

#### *Ovarian Congestive Neuralgia.*

On the 20th of September, 1895, a young woman, æt. 26, of fresh complexion, medium height and stoutness, with fair hair and grey eyes, came to me complaining of pain

in the side, the situation of which she indicated, on my asking her to do so, by placing her hand over the left ovarian region; also of pain in the back—lumbar region. She has had a slight degree of pain in the left side for years, but latterly it has become worse.

“When I breathe it seems to draw up and then it pains me. I don’t feel it at my periods, nor for a little after—a few days, sometimes a week. It is a kind of stabbing pain; it is always there a little, but when I draw my breath it stabs worse.” Sometimes she fancies there is a little swelling, but it goes again and she cannot say that it makes any difference to the pain. There is no pain during urination and no increased desire to evacuate the bladder. She suffers from constipation, going two and three days without a stool. She has pain in the rectum at times, generally when the pain in the side is worse. She began to menstruate when seventeen and has been “regular,” with the exception of one occasion, viz., the month before last, which she missed. At this time she was home in Cornwall. On returning to Torquay it came on again.

Podoph. 1, in the form of trituration pellets, four in a tumbler of water: a dessert-spoonful three times a day.

Wed., Oct. 7th. “I feel much better; I have not had the pain for more than a week; the bowels are also better. I have had an action every other day regularly. I have not had the pain in the back since beginning to take the medicine.”

This patient continued well for, I think, a period of between two and three years, when she had a slight return of the ovarian pain, which was again removed by podophyllum.

In the *Cyclopædia of Drug Pathogenesis* the case is recorded of a girl, æt. 20, who took two grains of podophyllin. On the sixth day she experienced “pain in right ovary and uterus.” Under “Podophyllum” Buck, in his *Outlines of Materia Medica* mentions “numb aching pain in region of left ovary.” Its beneficial effect on this patient’s constipation cannot be regarded as a homœopathic action of the drug, but the dose which removed the ovarian pain may have exerted a slightly physiological influence upon the bowel.

## CASE II.

*Ovarian Congestive Neuralgia with Prolapse and  
Retroversion of Uterus.*

Mrs. W., æt 35, tallish, with light-brown hair and grey eyes, of medium stoutness, consulted me on Oct. 15th, 1895, and said that the day following a miscarriage, which she had ten weeks ago, she began to suffer from pain in the left ovarian region, gnawing in character and at times shooting. When she stooped down and attempted to rise up again it was very sharp; it would come in the left ovarian region and shoot right down to the genitals. On making a digital examination I found the uterus prolapsed and retroverted, the fundus lying in the pouch of Douglas, and the os looking forward to the symphysis pubis.

Podoph. 1, trituration pellets, six in a tumbler of water: a dessert-spoonful three times a day.

Mon., Oct. 26th. "After taking the medicine two days I began to feel improvement, and by the end of a week the pain was entirely gone." To-day I find the uterus in much better position, the os is looking slightly backwards and the body cannot now be felt in Douglas's pouch.

When I first saw her there was a great amount of abdominal distension, and she feared whether anything might have been left behind from her miscarriage or something be forming. On percussion I found the swelling tympanitic and resonant, and was able to reassure her on these points.

Nov. 23rd. The pain in left ovarian region is gone and the swelling is much less than it was, but the ovary remains tender on pressure, and there is also well-marked tenderness in the right ovarian region. She complains also of a great deal of pain in the hypogastric region: "It aches," she says, "so that I don't know what to do, and then again it will shoot." Sometimes she feels the downbearing in the passage so much that she is obliged to go and sit down; at other times she does not feel it at all. She is better when she gets up mornings and worse at night. "It sticks and pricks at times in the passage." There is still some prolapse, but the retroversion is much less.

In the fourth edition of his *Manual of Pharmacodynamics*, p. 764, Dr. Hughes says: "A good deal of evidence has accumulated of late showing a power on the part of podophyllum of benefiting prolapse of the uterus as well as of the rectum." The above case goes some little way in confirming this.

CASE III.

*Diarrhœa.*

Edwin P., æt. 3½ years, was seen by me on August 10th, 1898. He is a smallish, badly-nourished child, with light-brown hair. He was lying on his back asleep on the floor. On lifting him up his face flushed—it was pale before. Has had diarrhœa for a fortnight; yellowish in colour, slimy—the last stool very yellow and less slimy. Only moved once yesterday and once to-day, but very loose. The day before yesterday he vomited everything and yesterday morning was again sick, but not since. Looks languid and weak; can hardly hold his head up. Podoph. 3. One pellet every four hours.

Fri., 11th. No action of the bowels since.

CASE IV.

*Diarrhœa.*

Gertrude P., æt. uncertain, probably about 5; sister of above; brown hair; well nourished; fresh colour on cheeks; large grey eyes, long lashes. Had diarrhœa three weeks; got rather better of it, and now it has returned. Was out four times last night, and has had two stools to-day (now 1 p.m.). The last motion was more yellow and green and slimy than the others. Not much passed at a time; no straining; no blood; pained before the bowels are moved. P. 136. Podoph. 3. One pellet every two hours.

Fri., 11th. There has been no action of the bowels since.

CASE V.

*Diarrhœa.*

Mrs. P., æt. 79, was all right and at church yesterday. To-day, Monday, July 31st, 1898, on getting up was sick, and diarrhœa came on before she got out of bed. The vomit was yellow, bilious-looking matter. At first

the motions were very dark, now they are yellow in colour. She has no control over herself, and stools are passed under her. Her hands were icy cold, and her forehead cold. She is lying asleep on the bed with her clothes on. Has had nothing all day either to eat or drink. Says she is thirsty but refuses to drink. P. 112. The skin is now warm to the feel. The tongue is moist, with a thin grey coating upon it. She took some cake in the night made with dripping and having currants in it. She vomited immediately after. Podoph. 3. Two pellets at once, and after each loose motion. She did not require a second dose. After the two pellets I gave her there was no return of the diarrhœa. The bowels acted naturally two or three days after.

## CASE VI.

*Diarrhœa.*

Sarah B., æt. 24, a domestic servant, dark-haired and well-nourished, consulted me on August 9th, 1893, and complained of having suffered from diarrhœa for several days. The evacuations always take place after she has taken anything to eat or drink. It is watery in character. Podoph. 3. Two pellets at once, and the same after each loose motion; otherwise every two hours.

Thurs., Aug. 10th. Not had an action of the bowels since taking the first dose of medicine.

## CASE VII.

*Diarrhœa—Vomiting—Prolapse of Rectum.*

July 20th, 1893, I was called to see John S., æt. 68. He was said to be very ill with vomiting and diarrhœa. I found him sitting at the fireside looking very pale, features pinched, complaining of great thirst, abdominal pain, vomiting and diarrhœa.

Sunday, felt poorly; Monday, was very ill. Moved continually day and night. Great deal of griping pain in the bowels. Has passed thick and white clear stuff and like coloured water. It strains him very much to vomit. The stools run from him like water. His daughter says they are milky in colour and very offensive. Veratr. alb. 30 was given after each loose motion. That forenoon when I called again I found



he had not been sick nor had any stool since first dose of the medicine.

Fri., 21st. Was sick and vomited in the night two or three times, the bowels acting synchronously, but there has been no sickness or diarrhœa to-day so far. "If I drink anything my bowels seem all in a rumble." Complains of weakness.

Sun., 23rd. Complaining much of dreadful burning, smarting pain at the seat. On examination I found the bowel prolapsed, and gave him podoph. 3, two pellets every two hours.

Tues., 25th. The awful burning pain complained of was gone in half-an-hour. He has now no pain in the bowels and has had no movement since taking the first dose of podophyllum.

Although I have no note to this effect, I think from my recollection of the case that the diarrhœa although abated continued at intervals until the pellets were given.

"Severe pain in the bowels, vomiting, first of the contents of the stomach, then of bile, diarrhœa, with green, watery discharges, much thirst, burning and great prostration" are characteristic of the action of this drug. The chief seat of its action appears to be the duodenum, the lining membrane of which has been found covered with bloody mucus.

Painful prolapse of the rectum at each stool is in diarrhœa a special indication for it, and the rapidity with which my patient obtained relief is confirmatory of its action here.

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## REVIEWS.

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*Key Notes and Characteristics, with comparisons of some of the Leading Remedies of the Materia Medica.* By H. C. ALLEN, M.D., Professor of *Materia Medica* and the *Organon* in Hering Medical College and Hospital, Chicago. Philadelphia and Chicago: Boericke & Tafel, 1898.

It is always easy, but not always laudable to review a book out of its own preface. But in this case Dr. H. C. Allen's "foreword" gives the best possible account of the objects and intentions of the work. We have only to add in making the quotations that we have carefully looked over the book, and

believe it to be well carried out. This is one of the few books on the *Materia Medica* which will be a real help to the student.

"It may be a so-called 'key-note,' a 'characteristic,' the 'red strand of the rope,' any central modality or principle—as the aggravation from motion of *bryonia*, the amelioration from motion of *rhhus*, the furious, vicious delirium of *belladonna*, or the apathetic indifference of phosphoric acid—some familiar landmark around which the symptoms may be arranged in the mind for comparison.

"Something of this kind seems indispensable to enable us to intelligently and successfully use our voluminous symptomatology. Also, if we may judge from the small number of homœopathic physicians who rely on the single remedy in practice, and the almost constant demand for a 'revision' of the *Materia Medica*, its study in the past, as well as at present, has not been altogether satisfactory to the majority.

"An attempt to render the student's task less difficult, to simplify its study, to make it both interesting and useful, to place its mastery within the reach of every intelligent man or woman in the profession, is the apology for the addition of another monograph to our present works of reference."

*The Porcelain Painter's Son: A Fantasy.* Edited, with a Foreword by SAMUEL ARTHUR JONES, M.D. Philadelphia: Boericke & Tafel, 1898.

THE name of the author of this little volume is, for no obvious reason, concealed. For he has certainly nothing to be ashamed of in the book, and, being himself "near the end of the road," and writing of another than himself, modesty might have been allowed to be waived. On the title page the question is asked "Is not this something more than fantasy?" We leave it to our readers to answer the query themselves by reading the book. They certainly will be pleased with the quaint and "fantastic" style of the legend and will probably not be careful to separate the "pure figment" from the "simple truth."

We cannot describe with equal cordiality the second section, which is a kind of Carlylian tirade against the writer's colleagues who use low dilutions and "dirty their fingers with coal-tar products."

The first portion of the work forms a pleasant gift, useful in the spread of homœopathy.

## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the session was held at the London Homœopathic Hospital, Great Ormond Street, W.C., on Thursday, April 13th, at eight o'clock p.m. Dr. A. C. CLIFTON, President, in the chair.

The following specimens were shown: 1. Uterine fibroid, removed by hysterectomy; recovery (Dr. Burford). 2. Double suppurative salpingitis with tubo-ovarian adhesions; convalescence (Dr. Madden and Dr. Burford). 3. Necrosed vomer and other bones from a case of syphilitic disease of the nose (Mr. Johnstone). 4. Interstitial fibro-myoma of uterus, removed by the retro-peritoneal method of hysterectomy; recovery (Dr. A. H. Croucher and Dr. E. A. Neatby). 5. Similar tumour, removed by the same method; recovery (Dr. E. A. Neatby). 6. An intra-uterine fibroid polypus with small ovarian cyst and carcinoma of upper part of rectum; no operation; death from perforative peritonitis; removed *post-mortem* (Dr. Stonham and Dr. E. A. Neatby). 7. Seventeen gall-stones, removed by cholecystotomy; recovery (Dr. Frank Shaw and Dr. E. A. Neatby). 8. Hydronephrotic kidney removed by abdominal nephrectomy (Mr. C. Knox-Shaw). 9. Appendix vermiformis removed from the sac of a femoral hernia (Mr. C. Knox-Shaw).

### SECTION OF SURGERY AND GYNÆCOLOGY.

A paper was read by Dr. VINCENT GREEN, of Wimbledon, entitled, *Non-purulent Nasal Discharges; their Clinical Significance, Differential Diagnosis and Treatment.*

Dr. GREEN dealt first with the differential diagnosis of non-purulent nasal discharges, such as simple cold in the head, and its variety, the rhinitis attending influenza. The causes of chronic rhinitis were indicated as hypertrophy and hyperæmia of the nasal mucosa and polypi. Hay fever, cerebro-spinal rhinorrhœa and nasal hydrorrhœa are all characterised by serous discharge. The distinguishing features of all of these were dealt with. Enlarged pharyngeal tonsil or adenoids also cause post-nasal catarrh, chiefly in children. As regards treatment an accurate diagnosis is essential, for few or no cases can be treated on purely symptomatic lines. As a negative point in diagnosis, it was stated that in inflammation of the accessory cavities of the nose the discharge is always purulent. For cold in the head rest in bed was recommended, and repeated doses of camphor at first, afterwards a carbolic spray and kali iod. and hep. s. as medicines. In the catarrh of influenza an alkaline spray with

eupatorium, rhus, sticta or kali bichrom. as medicines. In hypertrophic catarrh the most important indication for treatment is the security of free breathing through the nose. This is best obtained by a removal of obstructions by surgical means and systematic nasal respiration. In hay fever local application of chromic acid was strongly recommended.

In the discussion which followed, Mr. Dudley Wright, Dr. Dyce Brown, Mr. Knox-Shaw, Drs. Lough, Mason, Roche (Clapton), E. A. Neatby, Roberson Day, Dudgeon, and the President took part. Dr. Vincent Green replied.

A paper was then read by Mr. H. WYNNE THOMAS, of Bromley, entitled, *How long are we justified in delaying Surgical Interference in order to try the effect of Homœopathic Drug Treatment?*

Mr. THOMAS pointed out that the ideal of every homœopath is to apply the law of similars so that his patient regains perfect health simply by the introduction into his system of some simple drug. Failing this ideal, is the practitioner ever justified in recommending resort to surgical means at the first interview? This question was discussed from the point of view of glaucoma, cataract, meibomian cysts, adenoids, enlarged tonsils, strumous glands, tumours of the breast, and oftentimes had to be answered in the affirmative. In malignant new growths, wherever possible, Mr. Thomas recommended early removal by surgical means, but in growths of a non-malignant type he advised perseverance with drugs for a considerable time. In all diseases in which pus is found the sooner it is removed the less harm it will do to the patient.

In the discussion which followed, Dr. Dudgeon, Mr. Knox-Shaw, Mr. Johnstone, Drs. Neatby, Galley Blackley, Mr. Dudley Wright, and the President took part. Mr. Wynne Thomas briefly replied.

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## NOTABILIA.

### BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of Homœopathic Practitioners will be held this year in Leicester, at the Council Chamber, Town Hall (by kind permission of the Mayor and Corporation), on Thursday, the 8th of June, at 10 o'clock punctually.

The Presidential Address will be delivered by Dr. Byres Moir at 10 o'clock. Subject:—*The Effects of Modern Therapeutic Researches upon the Position of Homœopathy.*

Any strangers, ladies as well as gentlemen, who may desire to hear the President's Address, will be welcome.

After a short interval, to enable the treasurer to receive the members' subscriptions, George Burford, M.B., and James Johnstone, M.D., F.R.C.S., London, will read a paper on *Salient Features of the Menopause*, to be followed by a discussion.

At one o'clock, the Congress will adjourn for luncheon, to be held (weather permitting) in Dr. Clifton's garden. The members of Congress are most kindly invited to be the guests of their Leicester *confrères* on this occasion.

At two o'clock punctually, the Congress will resume business, select the place of meeting for 1901 (as in 1900 the International Congress meets in Paris, and, as usual, this takes the place of the British Congress), elect officers, and transact any other business which may be necessary.

A paper will then be read by J. W. Hayward, M.D., Birkenhead, on *Dr. Hughes' Index to our Pathogenetic Material*, to be followed by a discussion.

The third and last paper will be read by Henry Mason, M.B., Leicester, on *The Relation of Surgery to Homœopathic Therapeutics*. The members of Congress, with their friends, ladies as well as gentlemen, will dine together at the Mayor's Reception Rooms, Museum Buildings, at 7 o'clock.

The subscription to the Congress is ten shillings and sixpence. The dinner ticket alone, *for guests only*, will be seven shillings and sixpence.

All members of Congress who wish to secure beds at the hotels will kindly communicate with Dr. Mason, 52, London Road, Leicester, the Hon. Local Secretary.

A meeting of the medical staffs of the English homœopathic hospitals will be held in the Council Chamber, Town Hall, on Thursday, the 8th of June, at 9 a.m., to receive and consider the report from the Interim Committee on the *Federation of Homœopathic Hospitals*, on matters of practical detail. Drs. Burford and Madden are the Hon. Secs.

It is proposed to have an excursion, kindly arranged by Drs. Mason and Capper, on Friday, through the lovely Charnwood Forest, on cycle or in brake. Any who wish to join in this excursion will please intimate the same to Dr. Mason.

#### PRÉCIS OF PAPERS.

Dr. Burford and Dr. Johnstone's paper—*Salient Features of the Menopause*. That in normal health the menopause is effected without pain or perturbation.—The existence of a pre-menopausal stage and its import.—The influence of constitutional defects (high arterial tension, chronic gout, rheumatoid arthritis) on the course of the menopause.—The influence of local defects (uterine fibroids, chronic metritis,

tubo-ovarian lesions) on the menopause.—The hæmorrhages of the menopause. The paper will be illustrated by lantern slides, &c.

Dr. Hayward's paper—*Dr. Hughes' Index to our Pathogenetic Material*. Outlined at 1890 Congress.—Cyclopædia, as it is, is the best of our pathogenesis—for the *student*.—The index makes it the best for the *practitioner*.—Kind of index necessary.—Index must refer also to Hahnemann's catalogues.—One of the main objects in its preparation is to recall us to the true method of Hahnemann.—Only two ways to enable us to use our pathogenetic material, viz., remembering it, and using an index.—It cannot be remembered, so we must use an index.—Essentials of such index.—This is the best yet published, except the British.—Should be used daily, not to prescribe from, but as a key to *materia medica*.—"General" knowledge of pathogenesis cannot enable us to practise homœopathically.—In what this repertory differs from all others.—Objections to the use of repertories, and to "taking notes."

Dr. Mason's paper—*The Relation of Surgery to Homœopathic Therapeutics*. Brief comparison of progress made in medicine and surgery since the introduction of homœopathy.—Surgical art far out-distanced the science of the physician.—Question arises: Is there not danger that this development of surgery has led to the neglect of the truer therapeutics formulated by Hahnemann, and many diseases treated by the surgeon which should be left in the hands of the physician? Examples.—(1) Tumours, especially malignant. (2) Fistula. (3) Fissure. (4) Hæmorrhoids. (5) Appendicitis. And perhaps one or two other illustrations, as treatment of nasal adenoids, tuberculosis of joints, glands, &c.

#### DR. A. C. CLIFTON ON HOMŒOPATHY.

THE Presidential address of Dr. A. C. Clifton, in his capacity of President of the British Homœopathic Society, delivered at the first meeting of the session 1898-99, has just been published in pamphlet form. The subject of the address is *The British Homœopathic Society: Its raison d'être—the Growing of Souls*. It contains a historical retrospect of the origin, objects and progress of the Society, and suggestions as to the lines upon which future homœopathic work should go. Taking a broad interpretation of the word souls, Dr. Clifton declared that the object of the Society was not merely to extend a knowledge of the principles and practice of homœopathy, but to inculcate among its practitioners the highest ideals of medical research, study and practice—to

develop, indeed, the highest faculties of its members in the direction of benefiting the human race. That was its *raison d'être*, and it had so far largely fulfilled its object and was still continuing its noble aims. Since the Society was founded 54 years ago, about 420 medical practitioners had openly espoused the principles and practice of homœopathy in this country. But the number of converts named did not represent a tithe of what homœopathy had accomplished, for its teachings had revolutionised the whole field of medicine, and there were hundreds of medical practitioners in this country who, to a great extent, adopted homœopathic methods of treatment with an open profession of the same. They were no sectarians in medicine, for while the culture of homœopathic therapeutics was a large and most important part of their study they neglected no other field. Moreover, so far as they might be considered sectarians, the position of sectarianism had been forced upon them by reason of the obstruction to which they had all been exposed. But they were not sectarians. They were nonconformists, and he had yet to learn that others were more catholic in thought and act than they were. The object of the Society was, as he had put it, "the growing of souls," that was the cultivation in the soul of each member of knowledge and skill in his profession, and particularly in relation to homœopathic therapeutics. Dr. Quin, the President of the Society at its first annual meeting in 1846, had explained the object to be "the development of talent, the acquirement of knowledge, the augmentation of the means of combating disease, and the extension of homœopathic principles." In directing the minds of his colleagues to the future, Dr. Clifton indicated the character of the work which the Society, he thought, might very well undertake. He favoured, too, a forward movement, suggesting that it was high time work of a higher character than what they had in hand should be taken up and carried out with vigour and assiduity. He had used the phrase "a higher character" instead of "a more scientific character" of set purpose. While by no means deprecating scientific work, he contended there was much good and practical work in connection with homœopathic therapeutics, oftentimes erroneously called scientific, that ought not to be brought to that test. Under the pressure of materialism and science at the present day they were in great danger of exposing themselves to the bitter taunt of Hazlitt—"In the days of Jacob there was a ladder from earth to heaven, but now the heavens have gone further off and become astronomical," and in that same sense in striving after the scientific they might lose the practical.—*Northampton Mercury*, March 24th.

**TOXIC SYMPTOMS FROM HYDRASTIS CANADENSIS.**

F. Miodowski (*Berl. klin. Woch.*, January 30th, 1899) describes the following case: A man, about 65 years of age, was ordered to take 20 drops of the liquid extract of *hydrastis canadensis* three times daily on account of bronchitis with copious expectoration. He had taken, as he said, two doses, the last one at bedtime. Soon afterwards he experienced difficulty of breathing, which caused him to get up and walk about the room. The symptoms, however, grew worse, and when Miodowski arrived he found the patient sitting up with his body bent forward, and his hands grasping the arms of the seat. His face was livid, and his eyes wandered anxiously around the room. Respiration was quick, with powerful action of the auxiliary muscles of respiration. With inspiration *râles* could be heard, even from a distance, and expiration was accompanied by a whistling sound. The pulse was small, soft, easily compressible, and slow. The patient's forehead was covered with cold sweat. No dulness could be found on percussion of the lungs, but by auscultation there was (fine and medium) crepitation all over, especially on the left side, where also bronchial breathing could be heard at places. The heart sounds, owing to the pulmonary sounds, could hardly be distinguished at first, but later on became more distinct. They were pure, but slowed. The cardiac apex-beat could not be felt. After the use of stimulants (ether, wine, coffee, mustard paper, etc.) improvement gradually took place; the respiration became slower, with less crepitation and whistling, the pulse became stronger and more regular, and the sensorium clearer, so that patient could answer questions. As no cardiac murmurs could be heard during the attack, and as the patient was otherwise a strong man, Miodowski thinks the drug caused the symptoms by inducing cardiac weakness with secondary congestion and œdema of the lungs. This explanation agrees with the results obtained by Fellner in experiments on animals.—*Brit. Med. Jnl.*

**IDIOSYNCRASY IN REGARD TO EGGS.**

A young lady, otherwise perfectly healthy, has symptoms of acute poisoning on any occasion on which she takes egg in any form and in the minutest quantity, the severity of the attack being in proportion to the amount which has been taken. Almost immediately after it has been swallowed she has rigors and vomiting, and in a very short time the tongue becomes parched and dry, the throat sore, and there is severe headache and pain in the back. The very smallest quantity



of egg, no matter how disguised in any other form of food, will produce the symptoms, more or less severe. The symptoms may continue from a few hours to two days. A tiny particle of the white placed on the skin produces nettle rash.—*Brit. Med. Jnl.*, March.

## THE TREATMENT OF POST-PARTUM HÆMORRHAGE.

BASTIAN (*Rev. Méd. de la Suisse Rom.*, January 20th, 1899), advocates a method of plugging the vagina, which he believes to be effective in all cases. Seizing the cervix with forceps and pulling the uterus firmly downwards, is a most useful method learned from gynæcological operations. Hermetic closure of the cervical canal by placing one or more pairs of strong pressure forceps on the anterior and posterior lips of the external os is also good practice. Both these procedures have, however, the great disadvantage of being applicable to cases of inertia only, and of being useless in *post-partum* hæmorrhage from any other cause, such as deep lacerations of the vagina or cervix or ruptured varicose veins. Plugging the vagina as usually practised without assistance is useless. Bastian's method consists in introducing a Cusco's bivalve speculum into the vagina, and opening the blades, which should be about  $5\frac{1}{2}$  inches long, as widely as possible. The cervix is then plainly seen. Sterilised or iodoform gauze is then introduced, great care being taken to press it firmly against the cervix and the *culs-de-sac*. In this way the uterus is raised into the abdominal cavity, a considerable distance. The plugging is continued methodically until the vulva is reached. The speculum is left in for 12, and the whole plug for 24, hours. The author has such confidence in his method that, the plugging finished, he leaves the woman without any special attention. Its mechanism is complex. If the hæmorrhage is vaginal, one of the valves of the speculum will compress the bleeding point directly, and the stretching of the vaginal wall is an indirect aid; if cervical, the hæmorrhage is arrested directly by pressure of the plug on the torn flaps and on the trunk of the uterine artery in the base of the broad ligaments, and indirectly by the stretching of the last-named by the elevation of the uterus; if from inertia, the last-named mechanism is equally effective, and the dense plug closes the external os just as well as pressure forceps. An intra-uterine clot then forms and excites the uterus to contract.—*Brit. Med. Jnl.*

### THE MODERN DOCTRINE OF BACTERIOLOGY, OR THE GERM THEORY OF DISEASE.

THE following is an abstract of a paper, by Dr. Geo. Granville Bantock, Consulting Surgeon, Samaritan Free Hospital, London, read before the British Gynæcological Society on March 9th, published in the *British Medical Journal* of April 8th, 1899.

We give our readers the benefit of this lengthy abstract without expressing our adhesion to the whole of the writer's views, that they may see that there is at least another view possible of the great bacteriological cause of disease than that most generally held at the present day.

After a few preliminary remarks, Dr. Bantock said: I am quite aware that my views will probably be regarded by a majority of those present as very heterodox; but that does not deter me from giving expression to them, notwithstanding the belief that they are only too far in advance of those held by my contemporaries for immediate acceptance. Before proceeding further it will be well to define what I understand to be the modern doctrine of bacteriology. It is this, namely, that in the majority of—or, as some extremists would seem to hold, all—acute diseases the condition is due to the influence of a specific so-called pathogenic micro-organism. This is the doctrine that I proceed to combat by propounding the very opposite doctrine—that the presence of these various micro-organisms is the result, and not the cause, of disease; in other words, that the bacilli are found in association with the disease because of the disease, or that the disease furnishes the conditions necessary for the presence of the special micro-organism.

You may have overlooked or forgotten a very important fact told us by Dr. Newman. He told us that in the examination of the vaginal discharge of a healthy woman, obtained for him by one of his colleagues, he found a great variety of organisms, and amongst them the staphylococcus pyogenes and streptococcus pyogenes. In the abstract published in the *Journal* of this Society, he tells us that "more than thirty different species of micro-organism have been isolated from the female genital tract, or from discharges." This is confirmed by numerous observers. Of the most recent publications that I have seen, I refer to that of Dobbin, appearing in the *American Journal of Obstetrics* for August last, and of Dr. Whittridge Williams, who tells us that in the vaginal discharge of pregnant women "pyogenic bacteria were found in the vulvar secretion in nineteen cases (76 per cent.)," and within the vulva in 48 per cent. Among those enumerated by Dobbin we find, in addition to the two just mentioned,

the bacillus coli communis, the bacillus of tetanus, Klebs-Loeffler bacillus of diphtheria, and the bacillus typhosus. Dr. Newman adds that "the most frequently present is the staphylococcus pyogenes aureus, which is the commonest of the group of suppurative bacteria." Here we have the doctrine plainly indicated—namely, that the staphylococcus pyogenes and the streptococcus pyogenes are, as the name implies, the cause of suppuration. A strange part of this doctrine is this, namely, that the vagina is said to be the habitat of a bacillus—Döderlein's—which "is inimical to the presence or prolonged existence of so-called pathogenic bacilli," like the good fairy in the pantomime defeating the machinations of the wicked fairy.

I presume you are all acquainted with the fact that Dr. George Stoker had been treating chronic ulcerative conditions, with the most gratifying results, by means of oxygen gas. Now it happened that in the early days of his work he had under his care a woman who had been bedridden for many years with a large ulcer involving the whole of the instep of each foot. These ulcers were almost precisely alike in form and extent, and it was suggested to him that one should be treated with corrosive sublimate and the other with oxygen gas, for the purpose of comparison. In a very short time it was easy to perceive a difference between these two ulcers; for while in the former the surface was certainly cleaner than at the beginning of the experiment, yet it presented an ashy-grey appearance, and exhibited very little sign of healing, the latter presented a healthy granulating surface with a good margin already healed over. A gentleman from the Clinical Research Association now appeared upon the scene, and took some of the discharge from each with the view of obtaining a culture. This was the astounding result, namely, that the first was—to use the current language—sterile, while the latter (oxygen case) gave a copious crop of bacteria, and what, think you, was the organism which stood out most prominently? It was this very staphylococcus pyogenes, which, with the streptococcus pyogenes, we are told, is the prime cause of suppuration. From that time Dr. Stoker took up the study of bacteriology as applied to this part of the subject, and at the annual meeting of the British Medical Association in this city in 1895 he gave an account of his work. As reported in the *Journal*, one of the important points to which he called attention was thus expressed: "(8) The bacteriological aspect of one case was surprising, and rather upset one's preconceived ideas." Dr. Stoker found that whenever the healing process appeared to falter, either under a diminished or an insufficient supply

of oxygen, this was an indication for an increase, or for inoculation from a more healthy sore; and his observations led him to the conclusion that in proportion as the staphylococci were numerous and well developed, so the healing process progressed. What, then, is the natural, common-sense conclusion from this? It is this, that the staphylococcus pyogenes, which, as its name implies, has hitherto been regarded as the prime cause of suppuration, and therefore of the destructive process, must henceforth be regarded as, to say the least, doing no harm, and, it may be, as playing a beneficent rôle in the economy of Nature, and, in non-technical language, may be looked upon as playing the part of a scavenger.

[Having pointed out that in the three diseases of which we probably know more than of any others—namely, variola, vaccinia, and syphilis, no one has ever discovered a bacillus to whose influence the disease could be attributed, Dr. Bantock turned to the case of diphtheria.] You all know the modern doctrine—namely, that it is due to the influence of a specific bacillus—Loeffler's. But, I ask, How does it happen that cases of true diphtheria are met with in which this bacillus cannot be found? And how does it happen that this bacillus can be found in the throat of a subject weeks, even months, after all trace of the disease has disappeared? This doctrine has suffered much discredit of late from the fact that this bacillus of Loeffler is frequently present in some exanthemata, and also in healthy persons. A still "more striking example is afforded in cases of tonsillotomy, wherein upon the incised surface a greyish membrane is formed in which the bacilli abound, without constitutional disturbance or any sign of diphtheria." I anticipate the argument that, if you allow some of the discharge from the throat of a subject of this disease to gain access to that of a presumably healthy individual, you may, but not necessarily, produce the disease in him. And you may point to a number of cases in which medical men, in the fulfilment of what they conceived to be their duty, have sacrificed their lives in the heroic attempt to succour their patients—as, for instance, in the course of the operation of tracheotomy. But the answer to this is the very valid one that you do not convey the bacillus only. You also convey the fluid with which they are bathed, in which I contend they live, and which, in my opinion, constitutes the real essence of the disease. Many observers of eminence and authority in this field concur in denying the connection of the Loeffler bacillus with diphtheria as cause and effect. I am bound to accept as matter of fact the statements made as to the association, even in a majority of cases, of the

Loeffler bacillus with diphtheria—for they are not questioned—but to reverse the proposition and say that their presence is the result of the disease appears to me to be the more sound reasoning.

It will probably be regarded as the rankest heresy when I express any doubt as to, much more a decided opinion against, the influence of the gonococcus as the prime agent in the production of gonorrhœa. Numerous observations are on record of cases of gonorrhœa without gonococci, and *vice versa*. Dr. Newman tells us that “it is now well known that the gonococci diminish in number as the disease becomes chronic.” That is to say, that as the disease becomes less acute the amount of the poison—the food on which they live—diminishes in quantity, and the gonococci are less numerous.

I am also aware that I am a heretic as to the importance of gonorrhœa in the production of pelvic inflammations, but I claim Dr. Newman as at least a tacit supporter; for has he not these words without adverse comment? “It is said that gonococci are present in one of every four cases of pyosalpinx.” Surely that is a very small proportion on which to establish the proposition that gonorrhœa is answerable for the majority of cases of pyosalpinx. On the contrary, it supports my contention that it is only a factor in the minority of cases. As an example of the difficulties into which a rigid application of the doctrine leads one, I may refer to Dr. Robinson's paper on *Vulvitis in Children*, read at the Obstetrical Society of London, in which he stated that bacteriological observations revealed the presence of an organism indistinguishable from the gonococcus in cases of vulvitis in children, in as many as seventy-six present.

[After further illustrating his contention from facts connected with the origin and spread of typhoid fever, Dr. Bantock proceeded:]

You are doubtless aware that it is generally admitted by bacteriologists that the skin of the hands, and indeed all parts of the body, though not all equally, teem with a bacillus to which the name “*staphylococcus albus*” has been given; that this bacillus is supposed to be possessed of pathogenic properties, and that elaborate processes have been invented for the purpose of destroying it. I refer especially to that described by Howard Kelly as perhaps the most elaborate. You are probably also aware that no process hitherto invented has yet succeeded in getting rid of these micro-organisms, so deeply are they situated. Hence, the skin itself, including the hands of the operator and that part of the patient involved in the operation, is said to be in a septic condition requiring more or less elaborate treatment. I might refer to

innumerable observations by different workers in this field; but one will be sufficient for my purpose, and I take a paper published by Mr. Lockwood (*British Medical Journal*, September 17th, 1898), entitled, *Further Report upon Aseptic and Septic Surgical Cases*. In that report Mr. Lockwood tells us that with regard to his hands, "the skin was aseptic thirty-five times and septic six. .... Once it was some variety of staphylococcus albus." Just before he "had operated upon a case of ruptured perineum in which there was a vaginal discharge." One would like to know what became of that case, in which we may assume there must have been an abundance of micro-organisms—such as the staphylococcus and streptococcus (pyogenes), which so abound at the vulvar opening whenever there is any discharge. With regard to the patient's skin, he says: "The skin of the scrotum is exceedingly difficult to disinfect, and, with the exception of the scalp, has a higher proportion of sepsis than any other." "Nevertheless, the scrotal wounds have done exceedingly well." "Since 1894 I have done twenty-five, and none of them suppurated. *Thus the sepsis of the scrotal skin has evidently a very small influence upon the repair of scrotal wounds.*" What an extraordinary comment!

Now let us see what is the meaning of this word "sepsis." It is as follows, as given in Funk's *Standard Dictionary of the English Language*: "(1) Poisonous putrefaction causing noxious effects on the vital properties. (2) Infection from a putrescent virus containing microscopic organisms, as sepsis from putrid matter or bacteria in a festering wound." The equivalent, then, of this in plain English is "poisonous" or "poisoned." I give Mr. Lockwood his choice of these definitions. Does he contend that the skin of a healthy subject in any part of the body is in a condition which answers to either of these definitions? But this is the natural condition of the skin. How absurd, then, does it not all seem! How much more rational and logical the view that these organisms are there for a specific and beneficent purpose. How is it that he has not perceived the force of his own conclusion in the words I have already emphasised and now repeat? *Thus the sepsis—equivalent, as we have just seen, to the poisonous or poisoned condition—"of the scrotal skin has evidently a very small influence upon the repair of scrotal wounds."*

Kopinski, having concluded a series of bacteriological investigations on animals, has arrived at certain definite conclusions, as follows:

"The performance of operations, whether aseptically or antiseptically, assures no absolute sterility of wounds, and it is difficult to say which of the two methods, in this respect,

is the better. Antiseptic means in operations on healthy tissues must be given up, as they do not approach an attainable degree of sterility so nearly as asepticism does. In healing by first intention, both saprophytes and pathogenic micro-organisms are retained in the wound. In a wound healed by first intention, both *staphylococcus aureus* and *albus* were met with. Skin cocci frequently found their way into wounds, and, as a matter of fact, the skin showed itself to be a chief hindrance to sterility, as its microbes were deep-seated, and on this account were only removed with difficulty."

Hence it follows that sepsis, according to Mr. Lockwood's phraseology, or the presence of the *staphylococcus pyogenes aureus* itself has evidently a very small or no influence upon the repair of wounds, and surgery has not ceased to be a possible art.

Probably it will not be news to you that I adopt none of the elaborate precautions of Dr. Howard Kelly, or the less complicated method described by Mr. Lockwood, beyond the simple washing of my hands previous to operation, and of my instruments after. While I am content with making my hands as clean as an ordinary washing with soap and water will make them, thus removing Lister's "grosser forms of septic mischief," I fear Mr. Lockwood will think they must be horribly septic. Yet with this simple precaution I stitch up a recent rupture of the perineum, it may be some hours after its occurrence, merely taking the additional precaution of wiping off any lochial discharge from the raw surface with a sponge and then placing another in the vagina to keep back the discharge, and I have never had a failure. I make a fresh wound in a ruptured perineum, stitch it up and obtain union by first intention. If I happen to pull a stitch too tight, the tissues become strangulated, their vitality is lowered, and I may get some suppuration in the track of the suture, but so uniform have been my final results that I have never had a case break down. In a case in which the whole perineum and vulva were in a state of extreme irritation from the relaxed or irritable state of the bowels—due to the exposure of the mucous membrane of the rectum—and without any precaution beyond wiping the surface with a warm wet sponge, I secured union by first intention, the diarrhoea ceasing from the moment of the completion of the operation. I dissect out vulvo-vaginal glands, obliterating the cavity in stages. I remove growths from the vulva, stitching up the wounds, and have never failed to obtain union by first intention. I sew up a bilacerated cervix, and have yet to record a failure. I have excised a considerable number of breasts, and the one in which I have failed to

obtain union by first intention was the first and only one I did under the carbolic spray. So uniformly favourable have been my results since that case that I have come to regard it as one of the most simple operations in surgery. Moreover, in one case in which it was impossible to bring the flaps together I left the wound freely exposed to the air, with the result that the healing process went on as well as, if not better than, under the most approved dressing, and, aided by two or three skin grafts, the wound healed over completely. This in a public hospital. I have removed sebaceous cysts from the scalp—which, according to Mr. Lockwood, most abounds in septic micro-organisms—without any trouble resulting. I have, either by accident or of set purpose, opened the small intestine, the rectum, urinary bladder, and vagina in abdominal operations, in which the bacillus coli must, for a short time at least, have had free access to the peritoneal surface, without any harm. And if I obtain these good results by the adoption of simple cleanliness, in the common, every-day acceptance of the term—and such arrangements as any well-ordered private house can afford—where is the necessity for all those elaborate precautions which we hear of in the case of private and even public “installations” as they are called; for instance, “the floor of encaustic tiles, well-laid parquet thoroughly saturated with wax and highly polished, cement or highly-glazed linoleum,” all angles of walls rounded off, the walls and even the shelves and doors covered with a hard, smooth cement, coated with some kind of enamel, such as Flicoteaux’s “lacquered paint”; the sterilising of instruments and dressings, the spraying of the room for an hour or two before the time of operation, and so forth—precautions and preparations so eloquently satirised by Mr. Treves in *The Ritual of an Abdominal Operation*?

But does the observance of this elaborate “ritual” yield any better results than the observance of simple cleanliness? I aver that it does not. The operations I have named may be regarded as test operations; for are we not told that the orifices of the mucous passages especially swarm with bacteria—the bacillus coli, for instance—and that vaginal discharges contain the staphylococcus and streptococcus pyogenes in abundance? And how are you going to carry out these elaborate precautions in a private house—the home of the patient—where cases do so well? I often wonder how the men who hold these views ever dare to operate on a cleft palate or hare lip, seeing that the mouth contains a greater variety of bacteria than any other part of the body, from the most innocuous to the most virulent, so-called.



There was a time when the bacillus coli was regarded as a most virulent microbe; and when, if the intestine by an unlucky chance got wounded in the course of an abdominal operation and the patient died, the death was attributed to the baneful action of this organism. But the late Professor Kanthack showed that this organism is a natural inhabitant of the digestive tract, and that its absence or reduction in number must be regarded as a departure from perfect health.

Thus it has come about, from the observations of Dr. Stoker, that the staphylococcus pyogenes can no longer be regarded as the prime cause of suppuration, but rather as a beneficent organism; from the investigations of the late Professor Kanthack, that the bacillus coli must be relegated to the same category; and from the observations of a host of investigators, that the staphylococcus pyogenes—and even the streptococcus—is found in conditions consistent with at least apparent health. Need I refer again to the case of the mouth, which in the recesses between the teeth, or in the cavity of a hollow tooth, furnishes, under favourable conditions for their development, abundant evidence of the presence of all these so-called pathogenic organisms?

But it has been affirmed that Nature has provided a wonderful mode of escape from the ravages of these noxious organisms, and has provided us with an arrangement for their destruction. I refer to the doctrine of phagocytosis of Metchnikoff, to which Sir Joseph Lister (as he then was) pinned his faith less than three years ago. I never could accept this comforting doctrine. I take credit to myself for my unbelief, for the theory is now almost universally discredited.

[Dr. Bantock then quoted Professor Buchner, who, having at first been a staunch supporter of Metchnikoff's theory, characterised it as a "fable." This was also the view of the late Professor Kanthack.

Dr. Bantock next referred to recent investigations on plague and tuberculosis, as supporting his argument. He then went on:—]

It is perhaps necessary to remind the younger generation, who may not have studied the question from the beginning, that the antiseptic system was founded on the hypothesis that germs floating in the atmosphere fell into wounds, there developed into their respective bacteria, and produced all the evil effects that sometimes followed surgical operations. I cannot but think that the address of the inventor of the system, delivered before the International Medical Congress, at Berlin, has not been read so extensively as it deserved to be, and therefore it is that I feel obliged to direct your atten-

tion to it, at the same time commending it to you for perusal. He says :

“By means of the phagocyte theory of Metchnikoff—which I have already shown you is now universally discredited—we can account for what would otherwise have seemed to me incomprehensible—the use, without evil consequences, of silk ligatures, which have not been subjected to any antiseptic preparation.....Dr. Bantock, whose remarkable series of successful ovariectomies may seem to justify his practice, does not, I believe, prepare his ligatures antiseptically. The success achieved by Bantock and Tait, without, it is said, the use of antiseptic means, proves a stumbling-block to some minds. (No doubt, so long as they hold to the germ theory.) ‘I can see that while the measures’ (comprehended under the term cleanliness) ‘to which I have referred are, so far as they go, highly valuable, it must be in itself a very desirable thing to avoid the direct application to the peritoneum of strong and irritating antiseptic solutions.’ (This latter is in itself a strong justification of my abandonment of carbolic acid. He continues): ‘As regards the spray, I feel ashamed that I should have ever recommended it for the purpose of destroying the microbes in the air. If we watch the formation of the spray and observe how its narrow initial cone expands as it advances with fresh portions of air continually drawn into its vortex, we see that many of the microbes in it, having only just come under its influence, cannot possibly have been deprived of their vitality. Yet there was a time when I assumed that such was the case, and trusting the spray implicitly, as an atmosphere free from living organisms, omitted various precautions which I had before supposed to be essential.’ He then describes how, in a case of operation for empyema, ‘the air passed freely in and out of the pleural cavity’ in a cloud of spray, and he arrives at the conclusion that ‘it is physically impossible that the microbes in such air can have been in any way whatever affected by their momentary presence in the air.’ ‘If then,’ he continues, ‘no harm resulted from the admission day after day of abundant atmospheric organisms to mingle unaltered with the serum in the pleural cavity, it seems to follow logically that the floating particles of the air may be disregarded in our surgical work, and, if so, we may dispense with antiseptic washing and irrigation, provided always that we can trust ourselves and our assistants to avoid the introduction into the wound of septic defilement from other than atmospheric sources.’ What these sources are we learn from his address at Liverpool, on September 16th, 1896. six years later: ‘Hence I was led to conclude that it was the

grosser forms of septic mischief, rather than microbes in the attenuated condition in which they existed in the atmosphere that we had to dread in surgical practice.' "

Here let me pause for a moment to give expression to my admiration of the character of the man who can confess his error with such candour and honesty, and exhibit such a state of open-mindedness, seeing that such a confession of error must detract from the credence we should otherwise give to his later views. Would that his disciples were likeminded! Nowhere do I find that Lister holds to the doctrine of Mr. Lockwood.

To proceed: What, then, are the "grosser forms of septic mischief?" "If," in the words of the late Dr. Campbell Black, "they are what is vulgarly called 'dirt,' then we are all agreed that to remove dirt (not, however, by killing it), and to keep wounds clean is perfectly scientific and proper treatment." What is this but the doctrine of "cleanliness" which I have advocated for so many years? Thus you will see that it only requires that Lord Lister should take one step more to fall into line with me. For while he has given up the theory of atmospheric germs, he admits that we may dispense with antiseptic washing and irrigation, and has virtually come to accept the principle of cleanliness—one of the two principles in the enunciation of which I played no unimportant part, and which are now generally accepted in the case of ovariotomy.

But, said Lister, in his Liverpool address: "The secretions of bacteria" possess "poisonous qualities of astonishing intensity." Where is the evidence of secretion? Do they possess a secreting organ? Is there an example in Nature of an organism, however low or high, living in, not to say upon, its own secretion?

I claim, then, to have shown that the poisons of variola, vaccinia, and syphilis are not and cannot be the product of a bacillus; that Loeffler's bacillus is not a constant, and therefore cannot be the essential element for the production of an attack of diphtheria; that the essential element in the case of gonorrhoea is not the gonococcus; that the essential element in the case of typhoid fever is not the bacillus typhosus; that this bacillus cannot live but a few hours in ordinary sewage; that not a single specimen of this bacillus has ever been discovered in sewer air, and hence that typhoid fever cannot be attributed to it, because of its contained germs; that, in the cases of the epidemics at Maidstone and King's Lynn, there exists no proof of the contamination of the water by typhoidal matter, as indicated by the presence of the bacillus typhosus; that there is no

evidence worthy of the name that tuberculosis is due to the ravages of the tubercle bacillus; that the comma bacillus cannot be regarded as the essential element in the production of an attack of cholera, and that the same can be said of the plague and its special bacillus; that the so-called pathogenic micro-organisms are constantly found under conditions consistent with perfect health, and that in more than one notable instance they not only appear to, but actually do, exert a beneficent influence.

All these things—which are facts, not opinions, capable of demonstration and proof—go to show that the modern doctrine of bacteriology is a gigantic mistake; that we are already at the parting of the ways, and that it is safe to predict, that, ere long, it will come to be recognised that these various bacilli play a beneficent rôle in the economy of Nature.

#### HOMŒOPATHIC PHARMACIES IN ITALY.

THE Italian Superior Council of Health, at the meeting held during the last week of January, had two questions to decide in reference to homœopathic pharmacies in Italy. The questions arose in reference to a request made by a pharmacist who wished to open a homœopathic pharmacy in Milan. They are as follows: Must homœopathic pharmacies be considered as ordinary pharmacies, and are they subject to the regulations made by the sanitary law for pharmaceutical practice? Assuming that homœopathic pharmacies are subject to this law, in what way will it be necessary to provide for those already existing which do not conform to the sanitary law?

In reference to the first question the Superior Council declared that the homœopathic pharmacies must be completely assimilated to the ordinary pharmacies, inasmuch as the law does not make any distinction between them. Consequently homœopathic pharmacies are obliged to keep all the drugs prescribed in the *Pharmacopœia* approved by the Government. That they in addition to these medicines keep drugs of a homœopathic nature does not matter. What matters is that these pharmacies must serve as effectually as possible as ordinary pharmacies capable of dispensing the prescriptions of orthodox practitioners.

As to the second question the Council considered that to compel the present homœopathic pharmacies immediately to furnish all the drugs prescribed by the *Pharmacopœia* would seriously disturb the ordinary pharmaceutical practice, being exposed to a new and unexpected competition, which would

be very grave considering the number of homœopathic pharmacies that exist in some parts of Italy. For these pharmacies, therefore, the Council considered it opportune to recognise a state of acquired right, by which they will be permitted to continue to exercise as at present, that is, for sale and dispensing of homœopathic drugs only.—*Brit. Med. Jnl.*, March.

#### TYPHLITIS *versus* APPENDICITIS.

SINCE August, 1898, a patient, æt. 17, had suffered six attacks of abdominal pain with vomiting. The pain commenced always on the right side of the abdomen low down, and lasted from twenty-four to thirty-six hours; constipation was present during the attacks, but at other times there was occasional diarrhoea. When the boy was admitted to hospital there was a fairly well-defined indurated mass to be felt in the outer part of the right iliac fossa, its long axis being vertical, and its upper end disappeared under the margin of the ribs. The diagnosis made was recurring attacks of appendicitis. The abdomen was opened by a vertical division of the skin and aponeurosis and transverse division of the deep structures. The vermiform appendix was found perfectly healthy, free from adhesion, and without thickening. The outer half of the cæcum and the ascending colon as far as the examining finger could reach were found to be hard and densely thickened. There was no adhesion to the internal, anterior, or external surfaces of the bowel, but there was some adhesion posteriorly, and this part was stripped to determine if pus existed, but none was found. An enlarged gland was discovered in the mesentery. The wound was closed without anything further being done, and the boy made a good recovery. He had had no attacks of pain since his admission to hospital, but of course during that time he had practically been in bed. Since the operation the boy's general condition had considerably improved, and the thickening felt before the abdomen was opened had greatly diminished.—*Brit. Med. Jnl.*

#### THE SERUM OF SOBRIETY.

If anyone wished to embody the most striking feature of the therapeutic "movement" of the day in a classic formula, he would—if he cared to use the licence of the "higher criticism"—and give the words a meaning undreamed of by the author—find one in Ovid's phrase, *Sero medicina paratur*. In our battles against disease we conquer in the sign of Serum. Such virtue has this elixir that by means of it—if we are to believe the prophets of the New Medicine—we can make our-

selves "immune" against the invisible foes which go up and down the world seeking whom they may devour—including, it may be presumed, the "microbe of death" not long ago run to ground in a Transatlantic laboratory. But this is not all. Serum, it appears, if the right "brand" be used, will also "immunise" us against moral disease. For instance, if we wish to render ourselves proof against inebriety, so that even after taking the pledge we shall feel no temptation to subdue our inordinate sense of our own virtue by a corrective dram, we need only submit to a few injections of a serum prepared by Dr. Evelyn, of San Francisco. This serum is extracted from a horse previously made suitable for the purpose by a course of alcohol. The noble animal has from two to fifteen pints of whisky administered to him daily for three months. At the end of that time a serum can generally be obtained which, inoculated into the most confirmed toper, at once leads him to ask for a "blue ribbon." The serum is preventive as well as curative; we are told that a child immunised with it is protected against drunkenness for the rest of his days. Thus may the virtue of temperance inoculate our old stock and Dr. Dawson Burns find his occupation gone. Dr. Evelyn calls his precious serum "equisine." We venture to suggest that he might next turn his attention to the treatment of folly. He could doubtless extract an appropriate serum from an animal nearly related to the horse. There is a large field for the therapeutic use of "asinine" at the present day, and the ingenious American physician might begin with the patients who have been through a course of his "equisine."—*Brit. Med. Jnl.*, March.

### CHOLECYSTOTOMY.

At the Louisville Surgical Society last year a paper was read by Dr. W. O. Roberts. He gives the following history of his case.

The discussion which followed showed most operators to be in favour of suturing the gall bladder to the abdominal wall, not so much on account of immediate bad results, but because it is often difficult to be quite sure no small stones are left which may afterwards give trouble. These may be washed out in the draining away of bile if a temporary fistula is left. Dr. Roberts writes:

"Two years ago I operated upon a case of abdominal tumour for my friend Dr. Turner Anderson. The tumour was situated in the region of the gall bladder; the patient had profound jaundice with a history of gall-stone colic. Dr. Anderson had diagnosticated a distended gall bladder, and

invited me to do the operation. When we cut down upon the tumour we found it to be the gall bladder, which was greatly distended. I aspirated it, then drew it up into the abdominal incision; the fluid that came from it was like clear serum and eight ounces in quantity. After emptying the gall bladder, I passed my finger into it and found no stone, but in passing my finger into the abdominal cavity a stone was discovered impacted in, as I thought, the upper part of the common duct. It was removed by being teased up with my finger until the scoop could be passed under it. It was the only stone found. The gall bladder was then stitched to the abdominal wall and the woman put to bed. The next day she had a fæcal evacuation that looked like cream. The following day the action was very much darker in colour, and the evacuations grew steadily darker until they became normal, and the jaundice gradually but slowly disappeared. A fistulous opening resulted at the site of the operation from which she continued to pass more or less bile. She went home from the infirmary and was in very good condition until a few weeks ago, when she had a violent attack of colic, and since then she has had several chills with fever. I sent her back to the infirmary, and the day before yesterday we operated again. I opened the original wound and found deep down another stone which was broken in handling after it was gotten out. This stone was perfectly round."

Dr. A. M. Cartledge thought this quite a remarkable case—a gall bladder distended with mucus. At first this obstruction must have been of the cystic duct, otherwise the gall bladder could not have been distended with mucus. He did not think it was considered, as a rule, possible to remove a stone from the common duct through the cystic duct, but with a very small stone just at the notch it might be removed in this way. He had had several such cases, and it is his experience that where we have recurrent attacks of jaundice, though we may remove one stone through the cystic duct, there are still other stones; they may be of small size and may be retained in the common duct. Small stones may be removed from the common duct, but usually when attempts are made to remove them in that way it will be found impracticable; sometimes they work their way out through the cystic duct. He fancies the second stone in Dr. Roberts' case was up in the hepatic ducts at the first operation in such position that it could not be felt; or it might have been deep down in the cystic duct. That there was some obstruction of the common duct is evidenced by the fact that the patient had jaundice. If the first stone was

removed from the common duct it is probable that the second stone was the original cause of the jaundice, that it was in the hepatic ducts, and that finally by drainage it passed out into the cystic duct and then into the gall bladder.

### ALLOPATHY BY AN ALLOPATH.

SOMETIMES when we are endeavouring to make some novice understand the wonderful differences between the practice of medicine as it is understood by the disciple of homœopathy, and by one doing the very best he can according to principles of allopathy, we are met with the remark that there is not very much difference between the two schools, that bleeding and purging have all passed away, and the progressive physicians of both schools are now standing on very nearly common ground. That there is a difference to-day may be seen from the following, taken from a recent number of *The Hospital*, an allopathic journal of London.

The writer says: "England, Germany and America deluge medicine with physiology, good, bad and indifferent, but mostly bad; flood it with its medical books, with no soul of either science or practice in them, which 'evolute' new remedies, not by the score, but by the thousands, annually, not one of which in fifty is worth so much as the second thought.

"Medicine, in short, is swamped, drowned, stifled and paralysed by exploiters within and without its ranks; exploiters whose only object is the shortest possible cut, not to fame and fortune, but to notoriety and pelf. This does not express one-tenth part of the miserable truth."

This, understand, was not written by some homœopathic physician, but by a member of the allopathic profession, and if it had not been understood to express the truth it surely would not have been published in an allopathic journal of good and regular standing.

While for one hundred years the believers in homœopathy have been following the law of medicine first formulated by Hahnemann, and slowly but surely gaining knowledge concerning the true action of drugs, the allopaths are "swamped" among a thousand drugs of which they know little or nothing.

And yet the average physician of the older school of medicine to-day gives no more thought or careful study to the truths of homœopathy than did his predecessor in the time of Hahnemann.

Admitting the unsatisfactory condition of his own *Materia Medica* he will not study homœopathy because—it is homœopathy.



The only reason for this is that "there are some truths which some men despise, because they will not examine them, and which they will not examine because they despise them."

Another writer before the American Academy of Medicine (allopathic) said: "The list of remedies recommended by the standard authorities is enough to bewilder thought. No common agreement prevails to any degree."

And yet this is the allopathic scientific(?) medicine of 1898.—*Syracuse Clinic and Hom. Envoy.*

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### "THE MURDER OF THE MODERN INNOCENTS."

No one knows better than the physician the fact that our children are being murdered right and left by the modern method of cramming at school, and no class in society can do so much to prevent this wholesale slaughter as the body of medical men and women. Our attention was attracted to the subject by the perusal of an article with the above title in *The Ladies' Home Journal* for February, by that capable woman, Mrs. Lew Wallace, to whom the editor, Mr. Bok, had graciously given his own space. This article should be in the hands of every parent and every educator in the land, and it should be read and pondered well, for it contains truths clearly stated, without mincing, which affect the very foundation of society. The protest has already been made by many individual practitioners of medicine but without avail, because of the lack of sufficient influence or of pressure.

The subject should be taken up in various localities by medical societies of the highest standing, and placed in the hands of committees composed of the strongest men in the profession.

The murder of the innocents of the nineteenth century is done under what is called the finest free school system the world has ever possessed. But think of the sacrifice, and consider the fact that it is over-education that is doing it!

The tasks are too great, and the incentives and *stimuli* too enticing, for the young brain to balance, and before we know it the child is pallid with what is known as the "school complexion," the appetite has gone, there is little sleep, and our beautiful, rosy child that was, has become a complete wreck.

Who can put a stop to this terrible warfare upon our innocents? No one but the respected family physician, whose word is law, and who is bound to be obeyed when he insists upon a course to be followed in no uncertain tone. He must appreciate the outrage that is being committed before he can accomplish anything. We hear so often of children

who are "studying too hard." The teacher says a child need not attempt a particular task which ambition urges it to accomplish, but it is allowed to go to its physical ruin. Who is to blame? The system which makes it possible!

Of the long suffering teachers, who is to protect them from heartless school boards, composed of petty politicians, or incompetent superintendents, perhaps old fossils who never should have been placed in such a position—an instance of which it is said exists in this city to-day—or the egotistic "Uriah Heep" who usurps many a position through political "pull," under the rotten conditions which generally prevail? The teachers certainly are to be commiserated, for their tasks are not easy. They are crowded with unnecessary duties, much as the pupils are, and if they do not submit to every unreasonable demand they are persecuted to the bitter end. Who will protect them?—*N. Y. Med. Times.*

#### QUININE HÆMOGLOBINURIA.

MURRI (*Arch. Ital. de Biologie*, tome xxviii., fasc. iii., 1897) reports a case of this affection. A girl, aged 17, contracted tertian ague in July 1888. In spite of treatment she was not cured in January, 1894, and was still taking quinine. At that time she had an attack of ictero-hæmoglobinuric fever directly after taking quinine, and subsequently whenever quinine was taken such an attack was observed, consisting in rigors, vomiting, followed by smoky urine, and lastly jaundice. The spleen became larger and firmer, and sometimes the liver enlarged also, with hypochondriac pain. At the beginning of an attack there was simple polyuria, then from being acid the reaction became alkaline, and lastly, peptone, serum albumin, globulin, hæmoglobulin, and urobilin, hyaline casts, epithelial renal cells, and leucocytes, but no red corpuscles or bile pigments, appeared. After an attack the above all disappeared, the serum albumin and peptone last. An examination of the blood showed there was a diminution of the number of red corpuscles, but the malarial parasite could never be found. In spite of this effect of quinine it had its usual influence in prolonging the interval between the attacks of true malaria. The author gives reasons for believing that quinine hæmoglobinuria occurs only in those whose organs have been altered by malaria, quinine alone being insufficient to produce it:—(1) For 20 years he has been trying to produce quinine hæmoglobinuria in animals without success. (2) In a healthy man 75 or even 300 gr. of quinine produce no hæmoglobinuria, while in this girl, after malaria, 1.54 gr. did with absolute certainty. (3) No case of quinine hæmoglobinuria has been reported which was not complicated by

malaria. (4) The proof that one has not to do with an idiosyncrasy in a person with whom malaria is a coincidence is furnished by the fact that quinine intoxication appears in most cases, sometimes after a good many doses have had to be taken—that is, after the malarial poison has had time to act on the organism, but not before. (5) It is not produced by an intolerance gradually set up by repeated doses of quinine, for large and repeated doses are often given in non-malarial diseases, and yet not a single case of quinine hæmoglobinuria has been reported in these. (6) This hæmoglobinuria is almost unknown in Europe, except in Sicily and Greece, and becomes relatively frequent in extra-European countries where malaria is more virulent. (7) The author's patient had three ictero-hæmoglobinuric attacks after the malaria was cured, and without any quinine having been given. This shows that the hæmoglobinuric mechanism had become so easily set in motion that its usually specific stimulus (quinine) could be replaced by others, though exactly what these were could not be discovered. It seemed as though the biological change left in the patient by malaria would not be permanent, for some months after the patient had been cured of her malaria and had had no quinine attacks, a little over  $1\frac{1}{2}$  gr. of quinine given experimentally had very little effect, and even  $7\frac{1}{2}$  gr., though causing intoxication (fever, albuminuria, peptonuria, and urobilinuria), produced no hæmoglobinuria.—*Brit. Med. Jnl.*, Aug. 27th, 1898.

### “THE MOVING MANIA.”

THERE is a habit, the moving mania, which fastens itself upon the patient housewives, and rises to acute mania in the spring of the year. It has received no attention from the world's eminent psychologists; it has not yet been given so much dignity as attaches to a name; but it is a true psychopathia nevertheless, and it is presented to your notice as “The Moving Mania.”

Premonitory symptoms. Restlessness: dissatisfaction; eager scanning of advertisements of “Houses to Rent” in newspapers.

Prognosis: Favourable if not thwarted.

Treatment: Let the patient alone.

This disease is a most interesting one to study, presenting all the features of a genuine neurosis. The predominant craving is a change of abode, whether to a flat or to a house is immaterial. It seldom happens that a change to more roomy or comfortable apartments is contemplated. Temporary relief is found in the supervision of the loading of furniture upon vans, in the ripping up of carpets, in the

glamour of the impending change. Complete relief occurs when the installation is accomplished.

The mania is recurrent at regular annual intervals, reaching its climax on some warm spring day.

It is in its nature the antithesis of nostalgia or homesickness, and the word "Domiphobia" might perhaps express it.

It attacks only married women between the ages of thirty and fifty. The young and the old are alike immune.

It is the breaking out in civilised woman of the nomadic instinct of her savage ancestry, and need not be regarded with serious apprehension.—*Homœo. Envoy*, March, 1899.

### HOMŒOPATHIC MEDICAL SCHOOL OF CALCUTTA.

WE have received the report of the above institution for 1898-99, which continues to show much vitality and vigour. Its prosperity continues and increases. Again this year there were two lady applicants, one from the Bombay Grant Medical College, and the other from Goa, the Portuguese possession, but, as last year, they had to be declined, owing to want of suitable accommodation for them, which is unfortunate. The report goes on to say that "among the admitted pupils, many were passed in the First Arts examination of the Calcutta University, some from the local medical college and schools, a dozen Mahrattas, among the latter a qualified one from the Bombay side, and also a few from Central Provinces, Berar, Upper Provinces, and the native state of Kohlapur. From the local Presidency, Calcutta stands highest, and then comes Howrah, Burdwan, Hughli, Pubna, followed by twenty other districts sending students to the school." Well may the report say "The fact that pupils are coming in from various far-off Provinces of India shows that the school has got a firm hold over the minds of the educated Indian people." The Principal, Dr. M. M. Bose, who hopes to visit England again, after an absence of twenty years, and be present at the International Congress at Paris, deserves the greatest credit for the perseverance and energy with which he continues to carry on the good and important work of the school, and its results are highly gratifying to all who take an interest in the spread of homœopathy. The popular scientific lectures, which seem to be of a high class, and which appear to be much appreciated, are still carried on. The subjects were, *The Fertilisation of Plants*; *Carbon: Aristocracy among Flowers*; *The Structure and Formation of the Earth*; and *Hydrogen*.

The school is now entering in its 18th year, and we wish it continued prosperity and success in training practitioners for the practice of homœopathy in India.

### THE LEAGUE OF MERCY.

THE *British Medical Journal* gives the following most recent news respecting the new League and "Order of Mercy" proposed by the Prince of Wales.

We learn that the Great Seal has now been affixed to the Charter of the League of Mercy. The League is the outcome of a preliminary meeting summoned by His Royal Highness the Prince of Wales at Marlborough House on March 1st, and its object is to promote the welfare of the Prince of Wales's Hospital Fund, more especially by encouraging personal service in the cause of the sick and suffering in the London hospitals, such services to be acknowledged by the bestowal of "The Order of Mercy."

At the time of the Diamond Jubilee it was generally recognised that no more fitting mode of commemorating Her Majesty's illustrious reign could be devised than that by which it was hoped the metropolitan hospitals would be freed from their load of debt, and liberally aided in their most beneficent labours.

If our hospitals are to remain in the future, as they have been in the past, dependent on voluntary support, and neither rate-aided or State-aided, it is essential that all legitimate means should be provided for enlisting the willing co-operation of all who seek an outlet for genuine philanthropy, as well as of those who directly or indirectly benefit by hospital treatment or hospital-acquired knowledge.

The Prince of Wales has shown that he is indeed the friend of the London hospitals, but the work is so vast, and the need of continuous and personal service so exacting, that some recognised system to keep the service in repair and sustain personal effort is considered to be essential.

We gather from the Charter, which lies before us, that the League consists of the Sovereign (Her Majesty the Queen), a Grand President (His Royal Highness the Prince of Wales), a Lady Grand President (Her Royal Highness the Princess of Wales), Presidents, Lady Presidents, Vice-Presidents, Lady Vice-Presidents, Members, Lady Members, and Associates (both gentlemen and ladies). In order to carry out the purposes for which the League of Mercy has been formed, the whole of London and the Home Counties have been divided into about one hundred districts. The boundaries of each district are as nearly as possible those of the several Parliamentary divisions. For each of these districts one President and one Lady President will be appointed. The President will divide his district into not more than 30 sub-districts, and to each of these sub-districts he and the Lady President will respectively assign one Vice-President and one Lady Vice-President. With each Vice-President and with each Lady Vice-President will be associated not

more than 20 members, gentlemen or ladies, as the case may be. Each Member and Lady Member will undertake to secure every year at least 20 subscribers (to be called Associates) of one shilling and upwards to the Prince of Wales's Hospital Fund for London.

The Order will be conferred by Her Majesty the Queen, on the presentation of His Royal Highness, as a reward for personal services only, and such services must have been gratuitously rendered in connection with the relief of sickness, suffering, poverty, or distress. Subject to the foregoing essential condition, but not otherwise, chairmen of the committees of hospitals who have actively held that office for at least ten years, founders and benefactors of important hospitals and other institutions for the relief of sickness and suffering, persons who have gratuitously rendered the required services to the League for five years at least and persons giving gratuitous services, which should render them worthy in the judgment of the Grand President, are eligible to receive the Order.

Provision is made in the statutes for holding divisional and presidential meetings, and a great meeting will be held annually, at which the Prince of Wales, as Grand President, will preside, and all the workers in the League of Mercy will be invited to attend.

We are informed that those who desire to co-operate in the work of the new League can obtain information from the local branches in their respective districts. Central offices have been opened at 28, Southampton Street, W.C., where Colonel Knollys is in attendance as Registrar, to give all information and advice that may be required. Lord Wolverton, Dr. W. J. Collins, and Mr J. Harrison, of the Privy Council, have been appointed by the Prince of Wales as Honorary Secretaries, and Sir Henry Burdett is the Honorary Treasurer.

It will be noted with satisfaction that the Order is to be bestowed for personal service only ; and that no shadow of a suspicion that mere money giving is to constitute a claim for recognition will be allowed to rise. It is doubtless true that the great want of our hospitals has been and is the sinews of war, and that the giver of wealth is a true benefactor ; but while such benefactions will not disqualify the donor, they are to constitute no claim in default of personal service.

#### OUR REVIEW.

THE Editors of this *Review* have pleasure in announcing that they will, in future, have the co-operation of Mr. C. J. Wilkinson, of 8, Osborne Villas, Windsor, in the conduct of the periodical.

Mr. Wilkinson is known to most of our readers as an enthusiastic and scientific student of *Materia Medica*.

## CORRESPONDENCE.

### THE LATEST BOYCOTT.

*To the Editors of the "Monthly Homœopathic Review."*

DEAR SIRS,—I accept, of course, the statement of the editor of the *Homœopathic World* that the *Homœopathic Directory* is not edited by himself, and I must therefore congratulate the editors of both publications on their delightful unity of purpose, and the admiration they have for one another.

I must also accept the statement of the editor of the *Homœopathic World* that "Neither the British Homœopathic Society nor the Annual Homœopathic Congress have any authority over the homœopathic community in this country." The policy of the editor of the *Homœopathic World* is that "each should forward his own policy in his own way." This is very charming; but he forgets to add that if any presume to carry out a policy which is not precisely that of the editor of the *Homœopathic World*, they must expect to be boycotted. To be boycotted by the *Homœopathic World* is not a circumstance which will strike terror in anybody's breast, but it is a beautiful example of the policy preached by its editor. If he can treat the British Homœopathic Society and the Congress with contempt, who is there who cannot do the same? Surely we do not expect our opponents to have more regard for our representative institutions than that shown by the editor of the *Homœopathic World*.

We cannot ask honourable men to identify themselves with the homœopathic school, when we know for a certainty that if they attempt to defend their faith, they will be as likely to be attacked from behind by their homœopathic allies as by the enemy in front. This is the natural and inevitable result of the proposal that "each should forward his own policy in his own way" or in other words "each for himself and the devil take the hindermost."

I am unwilling to believe that such "Bathos" is a part of the policy of any section of the homœopathic school.

If the list issued by the British Homœopathic Society does not meet with the views and the needs of the members of the homœopathic school, by all means let us see that it is altered until it does—let us act by constitutional methods and give a loyal support to the decision of the majority.

Yours respectfully,

PERCY WILDE, M.D.

28, Circus, Bath.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, Thursdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Thursdays, 9 A.M.

DR. MACNUTT, of Dundee, is removing to 31, Rutland Square, Edinburgh.

Communications have been received from Dr. M. M. BOSE (Calcutta); Dr. GOLDSBROUGH, Dr. BURFORD, Mr. DUDLEY WRIGHT (London); Dr. BLACK (Torquay); Dr. T. H. BODMAN, Dr. NICHOLSON (Bristol); Dr. P. WILDE (Bath).

## BOOKS RECEIVED.

*Calcutta Homœopathic Medical School Report, 1898-99.—Ventilation.* Extracts from a paper on Hospital Construction. By Dr. John W. Hayward.—*The Scalpel.* March. London.—*The Medical Times.* April. New York.—*The Medical Century.* April. New York and Chicago.—*The Medical Era.* March. Chicago.—*The Clinique.* March. Chicago.—*The American Medical Monthly.* March. Baltimore, Md.—*The Medical Brief.* April. St. Louis, New York and London.—*The Pacific Coast Journal of Homœopathy.* March. San Francisco.—*The Minneapolis Homœopathic Magazine.* March.—*The Homœopathic Envoy.* April. Lancaster, Pa.—*Allgemeine Homöopathische Zeitung.* March and April. Leipzig.—*Tasmanian Homœopathic Journal.* March. Hobart.—*Homöopathische Maandblad.* April. The Hague.—*The Homœopathie World.* April. London.—*The Chemist and Druggist.* April. London.—*The North American Journal of Homœopathy.* April. New York.—*The New England Medical Gazette.* April. Boston.—*The Homœopathic Physician.* April. Philadelphia.—*The Homœopathic Recorder.* April. Philadelphia.—*Revue Homœopathique Française.* April. Paris.—*The American Journal of Obstetrics, Gynecology and Pedology.* March. New York.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SONS, Limited, 69, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### BACTERIOLOGY AND ITS CRITICS.

(COMMUNICATED.)

THE end of a century is by universal acceptance a fitting time to take a retrospect of the gradual advancement of human knowledge, and of the adaptation of such knowledge to human needs and pleasures. To some departments of science it will be found that a hundred years of toil and research have added but little that is useful, while to others their being has been given, and for them a rapid growth has been secured. Not the least noteworthy among the latter is the science, so called, of bacteriology. It is a creature of the last three decades and the record of its progress reads like a romance. In the year 1870 but little was known of germs beyond the fact that they existed. Their variety, varied life history and peculiar destiny for good or evil, were quite unknown; conjectures and forebodings as to their ultimate rôle in medicine existed only in the imagination of a few of the fanciful of the profession. Insurmountable difficulties seemed to stand in the way of their study. Yet, a few years later, the genius of a Koch surmounted these difficulties, and the introduction of the solid medium and plate cultivation solved in a moment the problems in *technique* which baffled the earlier workers. From that moment bacteriology became a study by itself—in fact almost a special science; it

became divorced from the science of botany and was, and is, exploited chiefly by the members of the medical profession. This state of matters has eventuated from the conviction of the early workers that the germ theory of the origin of disease, applied and proved in isolated instances such as anthrax and the silk-worm disease, would ultimately be found applicable to all infectious diseases of man and the animals. Hence the interest of the physician and the veterinary surgeon was aroused, and some of the best known names in bacteriology belong to one or other of these professions. But we must not forget that to chemists also, of whom PASTEUR is a notable example, much is owing of what we know concerning the industrial aspect of bacteriology. We have recently been much interested in reading the latest work on this subject, LAFAR's *Technical Mycology*. We are surprised to find to what an extent our daily needs and luxuries are ministered to by the invisible, but ever present, micro-organism. Even the aroma of tobacco and the flavour of cheese is greatly determined by desirable or undesirable brands of bacilli. We are apt to dwell too much upon the harm done by pathogenic or disease-causing organisms; we often forget the good they do. Even in sanitation, where the great aim has been to get rid of harmful bacteria, harmless species are now cultivated and employed to eat up and so eradicate their harmful cousins.

But while an overwhelming majority of scientists and physicians welcome gladly each fresh discovery in bacteriology, and each new fact which may add to the truth of its underlying principle, there are those who, while hopelessly in a minority, still contest that underlying principle, the bacterial origin of infectious disease. What new scientific truth has not had its bitter opponents—some from conviction, others from sheer illwill? In previous centuries, when such vital truths as the Copernican conception of the solar system or the Newtonian law of gravity were first promulgated, the result was a storm of opposition. The doubters formed the malicious and vindictive majority. Nowadays we are too enlightened to shut our eyes to truth in whatever form, strange or agreeable, it may come. The doubters are now as a rule in the minority—a minimum minority. Yet of the existence of that minority we are occasionally painfully

aware. Only a month or two since, the members of the British Gynæcological Society, in solemn conclave assembled, were thunderstruck by a paper from one of the leading members, Dr. BANTOCK, in which he boldly asserts that "the presence of the various micro-organisms" in disease "is the result and not the cause of disease."

We had imagined that the opposition to the bacterial origin of disease, led in past years by a few malcontents, of whom Dr. BANTOCK has been one, had entirely died out. But we have been disappointed. The feud seems likely to be as bitter as ever, but we are sure that, as years go by, the numbers in the opposing camps will become increasingly disproportionate until the minority is entirely extinguished. We have given Dr. BANTOCK's paper careful perusal and consideration, but we cannot find one convincing argument to support his case. His proofs are principally culled from subjects which are as yet not fully cleared up. Every bacteriologist admits that there are phenomena in the life history of bacteria which, so far, are not explainable. For example, why should the diphtheria bacillus of LOEFFLER be present in throats when all trace of the clinical disease has gone? The answer which might be given is, that as the person has been rendered immune by the disease, the bacilli still remain as saprophytes in the mouth, but are unable to excite the disease any longer. More light, however, must be thrown on a problem such as this, and on many others like it.

But to take these undecided phenomena and use their sometimes seeming incompatibility with the general law as an argument against that law is obviously a mistaken line of logic. We do not know whether Dr. BANTOCK has ever worked with his own hands in a bacteriological laboratory. Had he done so we are certain he would have felt there was in a few simple inoculation experiments quite sufficient proof to weigh against all the pen and ink arguments he has brought forward in his paper.

The first question a reader of Dr. BANTOCK's paper will mentally ask himself is, "What does Dr. BANTOCK substitute for bacteria in the rôle of causation of disease?" Careful perusal of the paper reveals the fact that no suggestion is made as to what he considers the *materies morbi*. Anything but bacteria for Dr. BANTOCK. They

are for him only the concomitants or direct results of disease. Hence, he looks to no germicide or antitoxin to help him in the prevention or cure of disease. Speaking of tuberculosis, he writes, "What, then, should be the remedy? This, viz., not to endeavour to destroy the bacilli, but to maintain the vital forces and processes at their highest state of efficiency by providing such as are already possessed by, or are predisposed to tuberculosis, with pure air, abundant light, nutritious food, and in a word all the conditions that tend to the maintenance of good health. This is actually the method of treatment now in vogue. But not because . . . . . the best germicide to kill off the microbe is to provide air, light and sunshine, for we now know that these conditions favour their growth."

Unfortunately for Dr. BANTOCK's case, he has condescended to give a reason, contained in the last three lines of the above quotation. Unfortunately, we say, for his reason is not correct in point of fact—the very reverse of his reason is the case. Repeated experiments, and we would refer more particularly to those recently conducted in Manchester, have shown beyond all doubt that air, light and sunshine are not only inimical to the growth of many bacteria (including tubercle bacilli), but are actually germicidal. Unconsciously the housewife, the nurse and the physician recognised this fact long before the advent of the germ theory with its explanation of the fact. They knew by experience that air and sunshine, nature's disinfectants, cleared a room of infection. And they do so still and are utilised for that purpose.

It is with futile arguments such as the foregoing that Dr. BANTOCK attempts to support his position. To expose the fallacy of them all in detail is more than we can undertake at present.

Of some of the other factors in the causation of disease, such as predisposition, climatic influence, &c., Dr. BANTOCK treats incidentally. But he cannot claim for the antigerm theorists all these factors. Bacteriologists themselves admit, and are well aware of the fact that there is a natural immunity in certain individuals, in certain races, and in certain species to certain diseases, and much light is thrown on that very difficult subject by the phenomena of induced immunity after inoculation

or a previous attack of disease artificially acquired. On these vital points we would be glad to have Dr. BANTOCK's statement of his own view, apart from the criticism of his opponent's case.

Denying as he does the germ origin of disease he would be expected to declare the uselessness of the precautions usually adopted in securing antiseptis or asepsis for surgical wounds. And in this respect Dr. BANTOCK is consistent. He tells us he does not use any precautions beyond the washing of his hands and instruments in soap and water. We admit that this procedure might be sufficient to secure first intention of wounds in many cases, but it certainly would not be enough if the hands were infected with such matter as the pus from a previous operation or discharge from a necrosed bone. We are sure that Dr. BANTOCK takes great pains to avoid the possibility of such contaminations, and if such can be avoided, it is extremely probable that soap and hot water would be quite sufficient to prepare the hands for an abdominal operation.

Mr. LAWSON TAIT has been credited with the statement that he would use germs as a dressing if he could get them in sufficient quantity, and doubtless Dr. BANTOCK would feel disposed to signify his willingness to do the same. We do not know if any bacteriologist has ever offered to prepare such a dressing for Mr. TAIT, but we would be very interested to know what he would do if he were handed for use by his nurse a parcel of gauze labelled "Diphtheria gauze. Prepared from a virulent strain of Loeffler's bacillus." Certainly a surgical dressing might be prepared with a culture of some innocuous bacillus and used in wounds without any harm ensuing, and we are generous enough to Mr. LAWSON TAIT to believe that he meant the latter kind of dressing—viz., that from innocuous germs—when he made such a startling and at first sight incomprehensible offer.

Another subject which Dr. BANTOCK criticised severely is Listerism, and the successive radical changes which LISTER has adopted in its development. There is an inclination, yea, a determination, on the part of others besides Dr. BANTOCK to restrict Listerism to the idea of disinfecting the atmosphere by means of the now defunct spray, and to suggest that the abandonment of this

procedure and the substitution in its place of other and simpler *technique* was a confession on LISTER's part that he had been in error. Indeed, LISTER himself would seem to corroborate this view when he recently declared at the Berlin Congress that he was now ashamed of ever having used and advocated the spray. We would suggest, however, that these oft-changed manœuvres to cope with the infection of wounds in no way reflected on the immutability of the essential basis of Listerism. Listerism in the true sense of the term, and in the sense in which it will be appreciated centuries after this, is wedded to no fixed method. It is the recognition of the rôle of certain bacteria in causing wound infection and disease, and the endeavour by any possible means of preventing or staying these harmful processes. We do not discuss the advisability of associating any man's name with any broad scientific principle such as this, but it must be conceded that it was due in great measure to LISTER's own brilliant researches, and their judicious interpretation and publication, that such a beneficial change has come over the surgical practice of the century, conferring untold benefit on suffering humanity. The *rationale* of Listerism as just laid down will stand the test of time, while the phases of spraying and putty, of water-proofing and carbolic acid, of sterile douching and mercuric gauze, of Taitism and Bantockism, are but the phenomena of an evolution which directs all progress and change, whether it be in science or religion, culture or morals.

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## NOTES ON INFLUENZA.

By Dr. F. H. BODMAN.

Read at a Meeting of the Western Counties Therapeutical Society.

My object in this paper is only to draw attention to some points in connection with the ætiology, symptoms, sequelæ, and treatment of influenza, in the hope that it may lead to a discussion which will be useful to us all in dealing with this disease in its protean forms, now apparently become endemic amongst us.

It is doubtless an infectious disease, but the infection seems to vary considerably in degree, the effect depending very much upon the nature of the soil into which it is

received. Persons may often be exposed to it, yet escape its effects, while the same persons under less favourable conditions, on being again exposed to the infection, may fall under its power. The disease is generally supposed to be due to Pfeiffer's bacillus. The virulence of this organism, however, varies much under different conditions, and according to the nature of the soil upon which it falls. It would appear that when the vitality of the cellular elements is of a normal standard, the bacillus is unable to multiply and is probably destroyed; but if the normal vitality has been lowered by fatigue or by some form of auto-intoxication, or from any other depressing influence, such as prolonged damp weather, then the bacillus multiplies rapidly, and its virulence is increased. This appears to be the case, more or less, with all infections, and its recognition has a most important bearing on the matter of treatment, especially upon homœopathic treatment.

It has been clearly proved that the virulence of the different germs of disease is greatly modified under certain conditions, and that their evil effects depend largely upon the nature of the soil into which they may be received. There can be little doubt that most of us at some time receive the tubercle bacillus, in either milk, or meat, or dust inhaled, nevertheless we have not hitherto succumbed to its direful effects. It has also of late been shown that the diplococcus of pneumonia is almost universally present in some part of the respiratory tract; yet, in but comparatively few does it produce the disease, apparently only under some depressing influence, such as a severe chill. Again, the diphtheria bacillus has often been discovered in the throats of healthy individuals, in whom it appears to exist without the power of producing any toxin, and consequently no disease, unless the condition of the individual becomes in some way changed, when it may become active and cause the disease.

These facts go to prove that the proper aim of our treatment is not to endeavour to kill the germ with some germicidal drug, which is generally impossible, but so to improve the vitality of the tissues, or in other words, so to alter the soil, that the effect of the bacillus may be nullified, or that it may be destroyed in the system by some antitoxin, or by phagocytosis, or in

some other way. Now there is no doubt this can be accomplished by homœopathically chosen remedies. Drugs which, in pathogenetic doses, cause a lowering of the vital resistance of the tissues, will in suitable doses act in the opposite way, and, by gently stimulating the cellular elements, increase the vital resistance of the various structures. This probably explains the way in which homœopathic remedies act, according to which these diseases were successfully treated before anything was known as to the germs and toxins which caused them. These facts should encourage us to follow the same lines on which we have gained so much success hitherto, a result which is clearly demonstrable wherever the homœopathic treatment of these diseases has been compared with the ever-changing practices of the so-called orthodox school.

But to return to the subject of the ætiology of influenza, it has appeared to me to become prevalent after a season of prolonged damp weather, especially when accompanied by east wind, and, on the other hand, epidemics have seemed to diminish with prolonged dry weather. Catarrhal conditions also favour the onset of the disease. In some cases I have been led to suppose that the germs may remain in the system indefinitely, and become awakened into activity whenever the person takes a cold, or is much depressed by over-work or anxiety; in this way I have accounted for the fact that some patients suffer from the recrudescence of influenza symptoms repeatedly.

The symptoms of influenza usually fall under four heads:—catarrhal, gastric, nervous and rheumatic. One form of the catarrhal is the follicular tonsillitis which has been particularly prevalent of late, some of the cases so much resembling diphtheria at times as to make the diagnosis difficult without a bacteriological examination, but the false membrane is more easily detached and comes away more quickly. The effect of the poison on the lungs is peculiar; often there is a catarrhal condition of the smaller tubes of some part of the lung, and especially on the *right* side, the signs of which are cough, slightly prolonged expiration, and diminished breath sounds without any distinct dulness or other abnormal signs. This may go on to lobular pneumonia, or it may gradually clear up, which is the



more usual course. In other cases we may get lobar or croupous pneumonia, usually of a serious type.

Another class of cases is characterised by gastric symptoms, vomiting and diarrhoea with much colicky pain, sometimes accompanied by so much prostration and rise of temperature as to simulate typhoid fever; these symptoms may be followed by jaundice.

Cases in which the effect of the poison falls chiefly on the nervous system are marked by muscular and general prostration, great mental depression, in some cases going on to melancholia or other form of insanity. Sometimes the onset is marked by severe neuralgia. Many different nerve lesions have been left behind as the result of the influenza poison; Sir W. Gowers once remarked that he scarcely passed a day without meeting with some new form of nervous disorder, the result of influenza. There is generally a great sensitiveness to cold, and a dread of touching anything cold for some days after the acute symptoms have passed. This and the muscular debility I look upon as characteristic symptoms of the disease.

The effect of the poison on the heart is marked and important; the heart muscle is always more or less weakened, and usually requires some cardiac drug to help it to regain its normal tone.

Again, at other times the symptoms are those of rheumatism. Occasionally the fever of influenza is accompanied by a rash, somewhat resembling that of scarlet fever, which may cause some difficulty as to the diagnosis.

*Treatment.*—In this disease, as in many others, the superiority of homœopathy over the usual so-called orthodox treatment is very markedly demonstrated. Deaths are very exceptional, while the majority of cases recover more speedily and thoroughly than under the ordinary *régime*. Patients should go to bed at once and remain there for 36 to 48 hours after the temperature is normal. A hot bath at the commencement will be comforting and useful. The diet should be liberal, but light and easily digested; the tonic wines, such as good claret, burgundy, old port, are useful during convalescence. For the ordinary run of cases the principal medicines in the early stage of the disease are bapt., gels., ver. vir., and eupat. perf.

For catarrhal cases, gels., ars., puls. For follicular tonsillitis the chief remedy is merc. biniod., or merc. cyan. For pneumonic symptoms ver. vir. at the commencement, followed by bry., phos., ars. iod., ant. tart., ant. ars., sanguin. Often there is a very troublesome and rebellious cough with no physical signs to account for it; this may sometimes be removed by rumex, drosera, sticta or hyos., but oftentimes nothing relieves it like small doses of codeia, gr.  $\frac{1}{4}$ .

For cases in which nervous symptoms are prominent the chief remedies are gels., ver. v., and strych. nit.

For gastric symptoms ver. alb., iris v., bapt., ars., merc. cor; where colicky pains are marked coloc. and diosc.

For rheumatic cases bry., rhus., actæa, and ac. salicyl.

For headache glon. is often very efficacious, also ver. vir. or bell., but if it is very severe, and for neuralgic pains, a few doses of antikamnia are most useful, and not to be refused as a palliative because not homœopathic; the relief obtained is prompt and decided.

As a general tonic, after the attack has subsided, no drug is so generally useful as strychnine; I use the nitrate, 1 in 200. In some cases a preparation of quinine may be more suitable; I often choose the arsenite 2x. The poison of influenza usually depresses the heart, so that some cardiac remedy is called for, such as dig., strophanth., or lycopus.

It is of great importance to warn the patient against exposing himself to anything which might bring on a chill, because the disease usually leaves a great sensitiveness to cold. If patients would take to bed soon enough, and avoid exposing themselves too soon after the acute symptoms have subsided, there would be almost no mortality under homœopathic treatment.

#### DISCUSSION.

Dr. T. D. NICHOLSON said: My experience of epidemic influenza in Clifton since its first appearance in 1889, is, that it is an infectious disease never entirely absent, but occurring in definite periods between November and March, and usually persisting with greatest intensity for one or two months. It is somewhat contagious, but this is often difficult to trace. Frequently several members of a family are ill together, and the period of incubation seems to be very

short. My first acquaintance with the malady was in a family in November, 1889, where eight members were attacked in the same day, and one of my last visits this week was to a lady with two women-servants and three out-door men-servants, all of whom were ill at the same time.

The symptoms I group under three types, (1) Catarrhal, (2) Asthenic, (3) Nervous.

1. The first presents most acute symptoms, and the suddenness of the onset gives the name of "grip" to the disease. It begins with rigors succeeded by heat, the temperature quickly rising to  $101^{\circ}$  or even  $104^{\circ}$  and followed by profuse and sometimes continued sweating, and in favourable cases only gradually subsiding. There is entire loss of appetite, the tongue is dry, sore, and red; there is severe pain in the head, back, and limbs, and sometimes in precordia or abdomen, and withal great prostration of strength. In some cases the symptoms end here and recovery follows though slowly. In the greater number they are succeeded by a catarrh or inflammation of mucous membrane of the respiratory tract, causing coryza, laryngitis, pharyngitis, tonsillitis, and bronchitis, with a peculiarly hard cough. In more severe cases there are urgent dyspnoea, lividity and great anxiety, which may pass off in a few hours, or may be followed by pneumonia. In abdominal cases there are diarrhoea and sickness, and often jaundice. The present epidemic is marked by rheumatic symptoms, with redness and swelling.

2. The asthenic form is recognised by a gradual indisposition, slight fever, weak pulse, drowsiness and exhaustion.

3. The nervous form is more slow and chronic in its development. We find mental depression, inability for intellectual effort, and nocturnal restlessness, and a low or sub-normal temperature.

To sum up the characteristic symptoms which mark the disease, and are in a greater or less degree common to all, I put them in the following order: anxiety and prostration out of proportion to the symptoms; pain of varying degree and entire loss of appetite, with a red tongue. Nearly all have fever, which disappears by lysis, continuing even after the subsidence of local symptoms.

During these ten years my deaths have been nine—two men and seven women—the youngest 38 and the eldest 94, or, at an average age of 80 years. I propose to consider these nine cases, which present more points of interest than the milder forms, which are of the ordinary catarrhal character.

Of the acute type five of my cases are good examples (two abdominal and three respiratory). Three belong to the asthenic type and one to the nervous. Only five had decided fever,

though probably at some time or other there was a slight rise of temperature in the others. Two had broncho-pneumonia, and two had jaundice. The duration of the illness varied from 2 to 14 days, the two most rapid cases only lasting 48 hours and both suffering great pain. The average length of the illness in the acute cases was four days. One was a chronic case lasting four months and ending in hemiplegia and melancholia, which I am informed by an asylum physician is a common termination.

Five of these cases died in their first attack and were the younger ones. Four had had previous attacks and had recovered, and these were all about 90 years of age. The mode of death was partly by cardiac failure and partly by failure of cerebro-spinal nerve centres. In addition to these the catarrhal cases suffered from their bronchi being filled with adhesive mucus which they were powerless to clear. It is unnecessary to go into more detail in describing symptoms, for we know them so well. The practical lessons we, as a therapeutical society, try to deduce from our experience, are how to prevent and how to cure. The gravity and rapidity of the symptoms are strong evidence of an organic poison in the system, and it is a satisfaction to know that Pfeiffer discovered in 1892 a bacillus with bulbous ends in cases of influenza, and that Klein found the same constantly in the sputum, lungs and blood. That this is the *vera causa* is rendered more certain by the disease having been reproduced successfully in apes and monkeys by inoculation.

For its natural reproduction, however, the bacillus requires favourable meteorological conditions and a susceptible patient. Cold weather is necessary, though a disease nearly related in its symptoms, Dengue fever, is prevalent in summer. At any rate cold intensifies its violence, and I think I have observed that an east wind or an absence of wind and an absence of sunshine are favourable to its growth, but strong winds will probably spread it more effectually. I was struck in reading Mr. Chandler's meteorological report of Torquay to see the correspondence of an absence of ozone with east wind.

Susceptibility is an unknown quantity. It is said that the rich are more susceptible than the poor, and yet the advice is given to "live well." Some families are certainly more liable than others. It is curious how a whole family is often laid low at a stroke or within a few days. In other cases contagion is only spread by close contact, say, nursing or kissing.

An interesting question may be considered, whether any immunity is engendered by an attack. My experience is that most people who have had several attacks suffered most the first time, and subsequent attacks have been milder each

year. My impression of the mortality in Clifton is that it was most severe in the winter of 1889 to 1890. My most rapidly fatal cases were all first attacks. This accords with general experience of acute infectious disease. The fact of relapses being common is not an argument against immunity, for in such cases evidently the poison is not all destroyed in the body. An ordinary catarrh produces a certain amount of immunity afterwards, though this is short-lived, but in other cases there are frequent relapses. Several of my patients who had influenza badly in 1890 have not suffered again until this winter, when we may suppose their immunity had worn out or become enfeebled. The mortality in Bristol during nine years shows a gradual decline. I give it from the official returns, but grouping three years together. Thus:—

Mortality from influenza in 1890-2	...	200
" " 1893-5	...	189
" " 1896-8	...	116

It is highly probable, therefore, that there is a gradual immunisation developing, which in course of time will limit the disease to small proportions, or cause its disappearance.

*Treatment.*—As no specific has been discovered so far, we must treat our cases on well-recognised principles of rest and diet; and for drugs, adhere to the ever-faithful formula of Hahnemann as symptoms arise. This is not a disease, however, where one can try one medicine at a time. Symptoms follow one another so rapidly that in severe cases one must, if possible, anticipate and have a well-settled method of treatment. At the beginning and during the pyrexia we may count on aconite, the  $\phi$  tinct. being the most reliable. In many cases it seems to abort the disease. In addition, the intense prostration demands strychnine, and sometimes from the first day, and in cardiac failure, digitalis must be added. It may be necessary to give all three together, and continue them steadily every two hours for two days to get the desired result. I think many desperate cases may be saved by this method, if treated energetically.

When the fever becomes intermittent I am accustomed to use arseniate of quinine 1x, with good effect. Other medicines are, of course, necessary for the various local inflammations, which I need not detail. The severe headaches or pain may require caffeine or antipyrine as an occasional dose. The severe sweating is well met by phosphoric acid. I have tried most of the drugs mentioned by Dr. Bodman as appropriate to the general symptoms, but have seen no effects comparable to those produced by aconite and strychnine. I therefore commend these drugs to your consideration again.

Dr. BARROW remarked that one of the most prominent symptoms in the cases that have come under his observation was the copious sweat in which the patient was deluged; this occurred both during the course of the illness and after the temperature had become normal. Catarrh of the bowels was also a symptom in many of his cases, the patients passing large quantities of mucus per rectum with violent colicky pains. For the troublesome cough which tormented so many of the patients he had found *drosera 2x* of great use. One of the cases to which he had been called the patient had been ill for three weeks under old school treatment and was gradually getting worse. When first seen by Dr. Barrow there was great and evident prostration, great pallor and anæmia, copious perspiration, intense headache, stupor, deafness and noises in the head. Temp. 104°, P. 180. The attendants said that he had passed "quarts of blood" per rectum, and had diarrhoea and colic for several days. The hæmorrhage from the bowels would account for his anæmic condition. He was taking large doses of quinine. On the indications *baptisia*  $\phi$  gtt. i., *om. hora* was given and in 24 hours the temperature was normal and the patient made a good recovery. This was a very instructive and interesting case, and Dr. Barrow asked the opinion of the meeting as to whether this patient was suffering from the effects of the influenza poison or from the effects of over drugging.

The members expressed an opinion that he was suffering from both.

Dr. EUBULUS WILLIAMS and Dr. HERVEY BODMAN also contributed to the discussion.

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## THE TREATMENT OF DIPHTHERIA BY ANTITOXIN IN CHICAGO.

By J. HERVEY BODMAN, M.D., Lond.

A most important bulletin has recently been prepared by the Chicago Health Department on the treatment of diphtheria by antitoxin in that city from October 5th, 1895, to February 28th, 1899. The bulletin itself is not yet generally accessible in this country, but advance copies have enabled the *Philadelphia Medical Journal* of April 1st, and the *Lancet* of April 15th, to give an account of its salient features. Quoting from the editorial in the *Lancet*, in which the subject is dealt with:—

"The results obtained are certainly most remarkable, and furnish some of the most powerful proofs of the

success of the antitoxin treatment in diphtheria which have yet been published. The records deal exclusively with the gratuitous treatment of patients suffering from diphtheria in the homes of the poor and destitute—those unable to pay a medical practitioner." As soon as the cases are reported they are assigned to medical inspectors, and if the clinical symptoms point to a diagnosis of diphtheria the antitoxin is administered at once, without awaiting confirmation by bacteriological cultures. "The patient, rather than the disease, receives the benefit of the doubt." Before the practitioner leaves the case specimens are taken for bacteriological examination. "Only those cases which are by this means verified as true diphtheria by the identification of the Klebs-Löffler bacillus, and which are treated throughout by the inspectors of the department, enter into the official records. These precautions add greatly to the value of the statistics, the accuracy of which is practically unassailable."

The antitoxin treatment was commenced by the Health Department on October 5th, 1895, and between this date and February 28th, 1899—nearly 3½ years—6,342 reported cases of diphtheria were visited, 4,311 being verified as true diphtheria. Of these, 4,076 were treated with antitoxin by the medical officers of the department; the remainder either refused antitoxin treatment or were treated by other medical men, so that the results were not known. Of the 4,076 cases, 3,795 recovered, 276 died, and 5 remained under treatment on February 28th, 1899; this shows a mortality among the 4,071 completed cases of 6.77 per cent. The mortality rate of diphtheria in Chicago prior to the introduction of antitoxin was over 30 per cent.

The record of the last four months of the period covered by the reports is even better; this is probably partly due to the superior quality of the antitoxin now used, and partly to the riper judgment of the medical officers as to what is the most satisfactory strength and volume of dose to employ. During November and December, 1898, and January and February, 1899, 423 cases were treated, with 398 recoveries and 20 deaths—5 cases remaining under treatment. This gives a mortality among the 418 completed cases of 4.78 per cent. Among 129 of these cases which were treated on the

first or second day of the disease there was no death, and among 114 cases treated on the third day there were only 3 deaths; thus in the 243 cases treated during the first three days of the illness the mortality was only 1.23 per cent. It would follow from this that in private practice deaths from diphtheria should be quite rare, since the cases nearly always come under treatment during the first three days of the illness, besides which they have a great advantage in point of environment over the cases from which the above results were obtained. This confirms the opinion of Drs. Turner and Ashworth, of the Brisbane Children's Hospital, that "if the profession and the public once grasp the truth, that, with rare exceptions, *no child ought to die of diphtheria*, it is probable that the actual mortality will become very low." (*Medical Annual*, 1898, p. 177.)

Still further proof of the advantage of administering antitoxin in the early stage of the disease will be found in the following analysis of the whole of the 4,071 cases treated with antitoxin by the medical officers of the Chicago Health Department:—

Treatment commenced	1st day,	855 cases,	1 died,	mortality 0.28 p.c.
	2nd "	1,018 "	17 "	" 1.67 "
	3rd "	1,509 "	57 "	" 3.77 "
	4th "	720 "	82 "	" 11.89 "
	later	469 "	119 "	" 25.87 "

After a survey of these results the article in the *Lancet* proceeds as follows:—

"Hence the successful and early diagnosis of diphtheria has a most marked influence on the success of the treatment. The marvellous (we do not think the word is too strong) results which have been obtained by the Chicago Health Department are attributed by the physicians primarily to the prompt administration of antitoxin—in full strength and quantity—to every case visited that warrants the suspicion of diphtheria." The physicians also report that "experience has shown the importance of a large initial dose, ranging from 2,000 to 3,000 units, according to the gravity and stage of the disease." They found that a serum containing 2,000 units in 5 cub. cent. was more satisfactory than the more concentrated preparations.

Another interesting statement contained in the bulletin is that "more than three years' experience has demon-



strated that, in this city at least, the home treatment of diphtheria, even in the most squalid and insanitary surroundings, gives better results than hospital treatment." This result is attributed to the important advantage of the earlier injection of the serum, there being no delay caused by waiting for bacteriological confirmation of the diagnosis, by want of immediate accommodation, etc.

Another important passage in the bulletin is the following:—

"During the 10 years prior to the (antitoxin) treatment there were 14,175 deaths from diphtheria, a yearly average of 1,417; while during the three subsequent years of antitoxin treatment there were only 2,552 deaths, a yearly average of 851. Thus, without regard to any change in population, there were absolutely 566 fewer deaths from diphtheria during each year of the last three years, than the average number of deaths from the same disease during the preceding 10 years." If the increase in the population were taken into account the results would be still more striking. This absolute diminution in the number of deaths from diphtheria during the period of antitoxin treatment is most important, because it disproves the argument sometimes put forward (*e.g.*, *Southern Journal of Homœopathy*, Jan., 1897,) that the fall in the percentage mortality of diphtheria during the years in which antitoxin has been employed is explained by the inclusion in the statistics of numbers of slight cases recognised as diphtheria only on the strength of the bacteriological examination, these cases having recovered as they would have done without antitoxin, and thus giving that remedy the credit which it did not deserve. Now, we may admit that this would cause a slight—though we believe not important—reduction of the *percentage* mortality, but it is quite clear that it does not account for the reduction of the *absolute* mortality which has been observed; the inclusion of any number of slight cases would not lessen the number of deaths among the severer cases.

Referring to the bulletin, the *Lancet* says:—"The antitoxin appears to be quite harmless when administered with due antiseptic precautions;" and for fuller information on this important point we shall await the

full text of the bulletin with much interest. It is remarked in conclusion that "the method of treatment adopted by the Health Department of Chicago has certainly afforded the best results yet published as regards the use of antitoxin in diphtheria."

It seems to us that the attitude taken up by the representatives of homœopathy towards the antitoxin treatment is a matter of greater importance than appears to be realised by some. The question is one which affects us in two ways; first, in regard to our responsibility to our patients, and secondly, in regard to our responsibility to homœopathy. With respect to the first, we all admit that it is our duty to do the best we can for the patients who are entrusted to us, and consequently the question will arise in a case of diphtheria whether we ought to use antitoxin or not; in deciding this we must be guided by a comparison of the results of homœopathy alone, with those of antitoxin alone or antitoxin and homœopathy combined. There is no danger of this aspect of the question being lost sight of, but it is the other aspect to which we desire especially to draw attention, namely, our attitude towards the antitoxin treatment considered in the light of our responsibility to homœopathy, as those who believe in it, and whose duty it is to defend and develop it, until it is appraised at its true value by the general body of the profession. It has been well said (*vide M. H. R.*, March, 1899, p. 179) that "none but the most bigoted amongst us think that we have the monopoly of all therapeutic truth," and it is well for the future of homœopathy that it is so, for we shall certainly fail in our endeavours to commend ourselves, and the system we represent, to the profession in general, if we follow the example of those who proclaim that there is only one valid therapeutic principle—*similia similibus curantur*—and that everything outside this may be wisely and safely disregarded. If we wish those who differ from us as to the value of homœopathy to cast aside bigotry and prejudice, and examine our method with an unbiassed mind, we must act in the same spirit towards them and their achievements. If, therefore, in introducing antitoxin treatment they have contributed something of genuine value to therapeutics

—which we believe to be the case—we shall only injure the cause of homœopathy, and render ourselves less qualified to represent it, if we deny to their work the honour and the appreciation which is due to it.

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## CASES OF PNEUMONIC PLAGUE.

By H. E. DEANE, Major R.A.M.C.

### I.

A HINDOO boy, aged 13, was admitted January 20th, 1899. He had been inoculated three months previously and then had a bubo in the right groin. The evening before admission, having been well previously, he got fever with cough.

He complained of pain in the left side of his chest. Tongue coated white; P. 144, R. 48; vesicular breathing over right lung; dulness over lower half of left lung and faint breath sounds in left axilla and at extreme base; and, above the line of faint breathing, there was marked tubular breathing both with inspiration and expiration. There was short hacking cough, no sputum, no bubo; mind quite clear. Bryonia 1x  $\eta$ v., every hour. At 5 p.m. he had one small pellet of sputum of a typical rusty character. First sound of heart fairly good.

He passed a fairly good night and next morning was fully conscious and took nourishment; P. 92, R. 52, when he suddenly died.

### II.

Mohammedan woman, aged 50, admitted January 28th, 1899. She had been found in the street, could not be made to answer questions and was in a state of muttering delirium, and unconscious. Pulse 120, rapid and thready; no buboes; some cough, but no lung symptoms; R. 44. Naja 3x,  $\eta$ x., hypodermically; 2.30 p.m., P. 100, R. 28; 3 p.m., repeat injection. She was delirious till late at night, then slept, waking (January 29th) free of delirium and looking better. T. 100.2°, P. 104, R. 30. Cough worse. About mid-day she was sitting up, with difficult and oppressed breathing. P. 120, R. 40. There was extreme tubular breathing over the lower half of left lung with inspiration and expiration. Phosphorus  $\frac{1}{10}$ ,  $\eta$ x., every half-hour. Nine p.m., T. 104.4°, P. 112, R. 56.

January 30th. No sleep. T. 101.6°, P. 96, R. 42. One small pellet of rusty expectoration. Fine crepitation at lower part of axilla and at base posteriorly on left side. Breath sounds faint at upper part of left back. Phosphorus half-hourly till 10 p.m., then hourly through the night.

January 31st. T. 102.8°, P. 112, incompressible, R. 40. Slept fairly well, looks better. Tubular breathing to angle of scapula and round through the axilla in a line with the nipple downwards. Crepitation has disappeared. Tongue cleaner, but inclined to be dry. Phosphorus and bry. 1x alternate hours. In the evening fine crepitation all over base; coughs more; no sputum.

February 1st. T. 100.6°, P. 100, R. 32. Area of tubular breathing diminishing, no crepitation. Breathing over left front faint. Five p.m., crepitation (? *redur*) over affected area. Antim. tart. gr.  $\frac{1}{2}$  every two hours.

February 3rd. T. 99.4°, P. 108, R. 36. Air is entering upper part of base.

February 5th. Slept well; cough troublesome; tongue clean and moist. Fine friction sounds over affected area. Bryonia 1x and liquor arsen. alternate two hours.

February 6th. Hepar sulph. 2x, gr. iij., two hours.

February 11th. General aspect better than since admission, voice stronger, P. 92, R. 26.

From this time her convalescence was uninterrupted.

NOTE.—I had little hope of this woman's recovery when admitted. The naja seemed to have a good effect in reviving her, and I was able to get the pneumonic condition under treatment early. The entire absence of expectoration, except one small pellet, is notable, and has characterised the few plague pneumonic cases I have seen. It may be objected this was not a case of plague pneumonia, but there was no sputum to examine and the bacteriological examination of plague cases has been so eminently uncertain and unsatisfactory, that a negative result as regards the microbe would not in my mind invalidate a clinical diagnosis. I may mention that the objection which I have had submitted as to it not being a plague case, is that the case recovered. Such, *per se*, will hardly occur to any homœopath, and is not worthy of further remark.

### III.

An uncle of Case I., assistant in the plague hospital, had been feeling seedy for two or three days, and suddenly got worse, with severe headache, rigor, fever and vomiting. He had been inoculated some weeks, and had no sign of plague, and I thought at first that it was a case of malaria. He had to lie up on January 10th, 1899.

A few doses of gelsemium relieved the headache. He vomited on two or three occasions, and on 12th an irritating cough set in, with some viscid sputum, of mucoid character, but no physical signs were detected, except faint breathing at left back. That same evening his eyes were congested, tongue foul, and he complained of great thirst. He became restless, pulse rapid and weak, and during the night well-marked pneumonic signs developed in left lung. He was put on phosph.  $\frac{r}{10}$  m. every hour, and after first dose expectorated freely, a typical rusty sputum. He was sinking when the treatment was commenced, and died at mid-day on 18th inst.

Case I., his nephew, had attended him in hospital, and was directly infected, evidently, and the father and grandmother of Case I. also died on January 20th, but I did not see the cases. They had all attended on the hospital assistant.

April 17th, 1899.

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### OPERATIVE INTERFERENCE IN EPILEPSY.

By WM. CASH REED, M.D.,

Hon. Physician, Gynæcological Department, Devon and Cornwall  
Homoeopathic Hospital, Plymouth.

MRS. S., aged 43, mother of three children, sought advice at our hospital last autumn for epilepsy. The attacks were exceedingly severe and were preceded by terrible screams. She often had several a day and was rapidly deteriorating mentally under the stress of this calamity. Her husband was in China, and her friends begged that something, if possible, might be done. She was dependent upon the services of a bright sensible daughter of 16, upon whom devolved all the household

economy. On going into the history I found the patient had been under treatment for fits since she was 17 years of age, and she incidentally mentioned that four years ago she enjoyed an entire immunity for a period of 6 months. During this time she was under the treatment of my colleague, Dr. Alexander, for nasal polypus. Moreover, during this period of time she *did not menstruate*. I could find nothing pathological in any organ of the body with one exception mentioned below, and after a careful *résumé* of all that could be deduced, was ultimately shut in to a consideration of the following points :—

1. She had no attack before the onset of puberty (menstruation).

2. The attacks were incomparably worse at the "periods," and if by any chance they were not so, the balance was struck, if I may so express it, by their being still worse immediately afterwards.

3. She had had no attack for six months whilst the catamenia were in abeyance as mentioned above.

4. During utero-gestation (the three occasions in which it has occurred) she had also been free from fits.

5. The uterus is retroverted and bound down by adhesions.

6. The climacteric may be yet several years distant.

Here, then, was a case that seemed to promise well if an artificial menopause were induced.

I had the advantage at this time of showing the patient to several members of the Western Counties Therapeutical Society, which was holding its meeting at Plymouth, and of hearing from each his views of treatment. The result was that, as far as was practicable, these views as to remedies and auxiliary treatment were put into practice. I am sorry to say, however, they all failed.

As a *dernier ressort*, therefore, on February 26th of this year, I removed both ovaries. They were small, deeply placed in the pelvis, and the left was cystic. Both were more or less adherent to the retroverted uterus, which in its turn, was bound down in this abnormal position.

Bleeding was somewhat free, due to separations of these adhesions. The patient made a good recovery, interrupted only by a threatening on the third day of pseudo-ileus, which, however, by-and-by yielded to the

miraculous (I use the term advisedly) effect in such cases of *merc. dulcis*, in small doses.

For a week she remained perfectly free from fits, giving a buoyancy and hopefulness to which she had long been a stranger. But this happy state of things was not of longer duration, for an attack then occurred, and has been followed by others, but fortunately of *less severity*. This case, then, though far from a success, may perhaps be counted as not altogether a failure.

April, 1899.

### A SPONGIA CASE.

By C. J. WILKINSON, M.R.C.S., &c.

F. C., aged 42, journalist, came complaining of swelling of the lower lids towards evening, with some difficulty of swallowing. On enquiry, it was found that he had worn collars of 15½ inches for many years, but that within the last two months he had been compelled to buy larger shirts and to increase his collar measurements to 17½. On examination, the neck was found to be red and pressure-lined by even this large size of collar. The amount of pressure was obviously sufficient to modify circulation in the external jugular vein. Both lobes of the thyroid were enlarged, the right more so than the left; the dumb-bell shape of the gland was well shown. There was dryness of the pharynx and occasional barking cough, but no aphonia; the urine contained no albumen. The heart-sounds were normal, but there was a history of occasional palpitation. There was no increased tension of the globes. He was ordered to paint the thyroid with decolourised tincture of iodine and to take *spongia* 1x, m ij., t.d.s.

A fortnight later, all the symptoms were relieved. He could comfortably place three fingers on each side between his collar-band and his neck. The right lobe of the thyroid was, however, still evident. He contemplated going back to his old shirts and collars. The improvement was maintained. Anxiety and overwork were the only causes suggested for the symptoms. The rapid swelling of the thyroid renders it rather difficult to class this case with ordinary goitres. On the other hand, the satisfactory condition of the heart and vessels and the absence of exophthalmos precluded any idea of Graves' disease.

Windsor.

ANNUAL ADDRESS DELIVERED BEFORE THE  
BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

By JOHN L. COFFIN, A.M., M.D.

WHEN any individual or collection of individuals reaches the point in their intellectual development where they are satisfied with results, or arrives at the belief that they have acquired the ultimate knowledge possible on any given subject, further progress for such people is impossible; already have sprung up the seeds of degeneracy and mental decay. In other words, there is no greater enemy to human development and progress than finality, the belief that we have arrived at an ultimate and unchangeable truth. The history of civilisation shows constant and incessant change; the beliefs and truths of yesterday are supplanted by those of to-day, and these in turn will vanish before the discoveries of to-morrow.

In no department of learning is this fact of incessant change more evident than in the history of medicine. From the mysticism of earliest times to the absolute materialism of to-day, lies no untrodden path, but a roadway, tortuous and uneven, touching at elevated points of excellence only to fall again into the gullies of human folly and error. Nevertheless the way, though broken and rough, has gradually led to higher levels, until to-day it occupies a position of no mean order among the sciences. This place in science has not been attained by steady and persistent growth, nor by the gradual elevation of the masses either of the physicians or the people, but by successive bounds, as it were, under the stimulation and leadership of men who saw things not as the crowd saw them, but with eyes of their own, striving after truth for the truth's sake and with the courage to proclaim and defend it; the names of Hippocrates, Galen, Du Chauliac, Vesalius, Malpighi, Harvey, Sydenham, Cullen, Pinel, Hunter, Morgagni, Hahnemann, Jenner, Magendie, Claude Bernard, Rokitsansky, Virchow, Hebra, Lister, and others, will ever illumine and adorn the pages of medical history. They had no belief in the finality of things.

Nearly six centuries ago Du Chauliac said of the sciences, and especially of medicine, "They are created



by successive additions. The same man cannot lay the foundation and perfect the superstructure. We are as children carried on the neck of a giant; aided by the labours of our predecessors, we see all they have seen and something besides." "The same man cannot lay the foundation and perfect the superstructure." Hahnemann laid the foundation. How have we perfected or failed to perfect the superstructure upon that foundation laid down a little over a century ago?

Hahnemann propounded many propositions which were essentially fundamental, but it is my purpose to refer to-night briefly to only three of them which in a marked degree have influenced the development of his system of practice; viz., the fundamental law of similars, the aphorism that the totality of the symptoms constitutes the disease, and the theory of the dynamization of drugs. By your leave, I will consider these in inverse order, the last first.

By the dynamization of drugs is meant that by the minute subdivision of a drug by a certain process, a power is developed in the drug not previously in evidence; i.e., the spirit of the drug is liberated and becomes potent for good or evil. This is evidenced by these words from the *Organon* (§ 269), "The homœopathic healing art develops for its purposes the immaterial (dynamic) virtues of medicinal substances, and to a degree previously unheard of, by means of a peculiar and hitherto untried process." This theory of drug liberation was the logical outcome of Hahnemann's idea of disease, which was that it was an intangible, invisible, immaterial spirit that became disordered and therefore could best be set right by the intangible spirit evoked from the drug, a conclusion drawn from Articles 9, 11, and 16 of the *Organon*: viz., "During health the system is animated by a spiritual, self-moved, vital power, which preserves it in harmonious order" Again, "In disease, the vital power only is primarily disturbed and expresses its sufferings (internal changes) by abnormal alterations in the sensations and actions of the system." And again, "It is only by means of the spiritual influence of a morbid agent that our spiritual vital power can be diseased; and in like manner, only by the spiritual (dynamic) operation of medicine that health can be restored."

This theory of disease and correlative drug action was the remains of the *animism* of Stahl, which pervaded the profession to a certain extent during the fifty or more years immediately preceding the birth of Hahnemann. This was not originally nor has it ever been any essential part of the fundamental law of similars. That *law* was the logical result of inductive reasoning founded upon accurate and for the time remarkable observation of facts. This *theory* was purely and absolutely speculative in character, the outgrowth of the imagination rather than the reason, a remnant of pre-existing mysticism.

Nevertheless, this theory of dynamization was accepted by a not inconsiderable portion of the disciples of Hahnemann as fundamental, as a finality, and upon that they have endeavoured to build; but the foundation was laid in the shifting sands of the mysterious, and the superstructure must inevitably fall. It has, however, ever been a rank parasite upon the body of homoeopathy, and has at times endangered its very existence.

In marked contrast to this flight of the imagination on the part of Hahnemann was the product of that sound common-sense and accurate observation embodied in the statement, "The totality of the symptoms constitutes the disease." True in the inception of homoeopathy, true to-day; but a truth to-day immeasurably broader and deeper and more comprehensive than a century ago, as it will come to mean and include more and more in the centuries to come. The totality of the symptoms in Hahnemann's time meant the story of the patient, how he felt, what to-himself-abnormal sensations he experienced, their location, time, character, condition of aggravation and amelioration, etc., etc., aided by the observation on the part of the physician of only the grosser appearances of the tongue, pulse and excreta. By totality of the symptoms to-day we understand not only the narrative of the patient, not infrequently either half told or twice told, either suppressed through timidity or exaggerated by the imaginings of a warped and twisted mentality; not only what the doctor sees with his eyes, hears with his ears, or feels with his touch; but all this, and what he hears and sees and knows by means of the stethoscope, the ophthalmoscope, the laryngoscope, the clinical thermometer, the sphygmo-

graph, the microscope, the test-tube, and all the modern scientific apparatus which has reached such a degree of perfection as to render almost all parts and tissues of the body accessible to investigation. Thus may we see that the words of the aphorism remain the same to-day as yesterday, but their significance changes hourly.

The logical necessity arising from the statements that disease could be cured only by drugs which caused similar disease in the healthy, and that the disease meant only the totality of the symptoms, was the experimentation with drugs upon the healthy; or, as it has always been called, the proving of drugs. Led by the noble example of Hahnemann, aided by his personal direction, filled with his enthusiasm at the prospect of being able to relieve human suffering by means so safe, so sure, so quick, as to constitute almost a miracle in comparison with the preceding and existing custom of their time, his immediate disciples and their followers, in turn, took and gave drugs, observed their effects, and recorded their symptoms. But symptoms *they* meant *sensations* principally, and as a result a vast amount of material was amassed, consisting almost entirely of what the experimenter felt or thought he felt. From the earliest time of homœopathy to to-day the same method of proving has prevailed until what constitutes our *materia medica* of to-day is a chaotic accumulation of subjective symptoms, real and fictitious, which outrivals in grotesqueness the imagination of a Kipling, and would confound the intelligence of a judge of the Supreme Court. The homœopathic profession not only has accepted the *necessity* of drug-proving as a finality, but the *method* also as absolute and final. We have studied the symptoms of disease by every available means that has been discovered. We have studied the symptoms of drugs by the method of a century ago. We record pains in the eye, but have no record of ophthalmoscopic examination. We have symptoms galore referring to the heart and lungs, but no hint of what the stethoscope might reveal. We have all sorts and kinds of urination at all times and under varying conditions, but not a word of the state of the urine as shown by even the slightest attempt at analysis.

Thus you see the "totality of the symptoms," as applied to natural disease at the close of this nineteenth

century, has a measure of significance much larger than it had at the close of the eighteenth century; while the "totality of the symptoms," as applied to our knowledge of drug disease to-day, is much in the nature of the sensational romance of a hundred years ago. Under this condition of affairs can you, or I, or anyone, find the absolutely true similium to any diseased state? By no means. The most the keenest of us can hope to attain is a rough approximation.

The imperative necessity that confronts us to-day, then, is a reproving of our *materia medica*, or at least a portion of it, by modern means, under proper control tests, under competent direction, where the sensations experienced by the prover shall not necessarily be written down by himself in language as fanciful as his imagination can suggest, but told to the experimenter in charge, who shall, by critical examination of the subject, form some opinion on the genuineness of the symptom; where daily analysis of the normal excreta shall be made, both for a certain time previous to the experiment and during the proving, whereby may be known the normal condition of that individual and any abnormal condition arising from the influence of the drug; where the symptoms referring to special organs shall not be supplanted but substantiated by physical examination of those organs by all the appliances of science at our command.

Not until this work is done will we be able to select the similium with scientific accuracy. Not until then will homœopathy take the position in the scientific world which is its birthright. Not until then shall we build worthy of the foundation.

And what of that foundation, the basic law of similars? Is that absolute and final? Does that embody an *ultimate* truth? I do not know. I cannot demonstrate it. No one can prove it until the means whereby it is applied shall be perfected far beyond the present stage of development. I cannot prove it, but as I look back along the century now fast drawing to its end, when I review this system of practice originating in the mind of one man, and see its growth far beyond that of any system of which I have knowledge; when I see that against opposition most virulent and bitter it has established and endowed hospitals; when I see that it

has founded and maintained medical schools of the first rank, wherein is taught the whole science of medicine and the art of practising homœopathy besides; when I see the establishment of dispensaries in all our large cities, which annually relieve the sufferings of thousands of our honest poor, and heaven alone knows how many dishonest poor; when I see public institutions of great moment entrusted to its care; when I see its practitioners, from being regarded as cranks, quacks, and charlatans, commanding the respect, the honour, the gratitude, of a goodly portion of the cultured and refined among seventy millions of the most generally intelligent people on this earth; these facts are sufficient for the *faith* that is in me, and for the faith that is in you, that we have to do here with a wise, beneficent, and divine truth. When we shall know by the result of experimentation with drugs upon animals how the various pathogenetic bacteria act under their influence, or what effects produced by drugs constitute the counterpart of the various toxæmiæ caused by such bacteria; or again, when by prolonged administration of drugs and subsequent microscopic examination we shall be able to demonstrate how cell action may be affected, and to what extent tissue metamorphosis may be produced, it may be well within the bounds of possibility that the true similia may be found for tuberculosis, for leprosy, for all the so-called infective granulomata, as well as for those dread scourges, cancer and sarcoma, before which to-day the prescriber stands powerless, and the surgeon can but palliate. And in closing let me beg, ladies and gentlemen, you will not for a moment think that in thus speaking in somewhat of a critical vein, I am actuated only by a spirit of carping criticism. Far from it. I have none but feelings of respect, and honour, and admiration for the noble work so bravely and conscientiously done by our predecessors for the last hundred years, and if I endeavour to point out wherein the superstructure founded on our law is faulty, or rather to point out that we are endeavouring to build to-day with tools of antique pattern, a century old, I am moved solely by the hope that by so doing I may stimulate the thought and arouse the enthusiasm of especially the younger of our members, so well equipped by modern training, to the necessity of

this great, necessary, and honourable work. And in wishing you all at the beginning of this year, which marks the last milestone of this wonderful century, a most happy and prosperous New Year, may I also breathe the wish that the birth of a new century may witness the birth, also, of a new materia medica along lines directed by modern thought and scientific observation.

## REVIEWS.

*Ventilation.* Extracts from a paper on Hospital Construction read by Dr. JOHN W. HAYWARD before the Liverpool Architectural Society. Reprinted from the *Builders' Journal and Architectural Record*. London. 1899.

THIS little brochure is so detached from the paper of which it originally formed a part, that it may be pleasurably and profitably read as it stands.

Working upon a consideration of the dynamics of atmospheric pressure, Dr. Hayward proposes to do away with ventilation as conducted by means of open fires, open windows, or costly mechanical contrivances. The supply of fresh air is to be derived from the basement and allowed to pass up through gratings in the corridor floors, thence it is to reach the wards by means of special openings, guarded by shutters, near the floor level. The outlets for foul air are to be placed by the chimney-breasts at, or near, the ceiling level, leading into flues run up the chimney-stack by the side of the smoke flues, but extending a little beyond them. There must be a separate outlet for each ward, capped by a Boyle's air-pump ventilator, which not only prevents down-draught, but also encourages up-draught. Four inches square must be allowed as the area of terminal outlet for each single-bedded ward. The difference between the temperature of the outer air and the hospital air "does the rest," this difference being pleasantly accentuated in very hot weather by means of ice-blocks at the original inlet in the basement.

By such simple and inexpensive means Dr. Hayward maintains that the air of each ward may, by a little management of the ward-inlet shutter, be changed completely once in every twenty minutes. If open fires are used in wards thus ventilated, they should be supplied with separate inlet flues from the corridors; but our author strongly recommends heating wards by means of pipes.

This is a very valuable contribution to a difficult subject, and we congratulate Dr. Hayward on the ingenuity of his plan, as also upon his masterly treatment of its details.

*A Practice of Medicina.* By H. R. ARNDT, M.D. Philadelphia: Boericke & Tafel. 1899.

FIRST NOTICE.

In his southern home in California, and amid delicate health, Dr. Arndt has again undertaken the enormous task of writing a work on medicine. The task is both greater and less than his *System of Medicine* in three volumes, for the book only consists of one volume of 1,280 pages—intended to be only 1,000 at the outset. To endeavour to compress the accumulated knowledge of the present day in medical subjects into such a space is as unlikely to be successful as the effort to cram all this wisdom into one small head. Nevertheless, in glancing over the book, we think Dr. Arndt has succeeded beyond our expectation. In another issue we hope to refer to this volume again.

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MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE eighth meeting of the session was held at the London Homœopathic Hospital, on Thursday evening, May 4th, 1899, Dr. A. C. CLIFTON (President) in the chair.

THE LIBRARY.

Dr. NEATBY announced that the library had been enriched by the receipt of valuable presents of books from Dr. Pope and the late Dr. Fischer, of Sydney. The thanks of the Society were cordially voted for these gifts.

THE NEW MATERIA MEDICA.

It was resolved that the following appeal should be circulated among the fellows and members: "The Committee for a new *Materia Medica*, in view of the importance and magnitude of the work which they have undertaken, make an appeal for assistance from members of the Society, each volunteer to be asked to undertake the preparation of a single drug before the close of the year." Full details, with MS. specimens and instructions, will be gladly given by Dr. Ord Greenstead, Madeira Road, Bournemouth, who has been appointed editor of the work. In the complete work due recognition will be given to the authorship of each drug.

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

A paper was read by Dr. E. A. NEATBY, of London, entitled, *A Note on some of the Clinical Features of Dysmenorrhœa in relation to Drug Therapeutics.*

Dr. NEATBY, in summarising his paper, said :

“Our pathogenetic material bearing on dysmenia is lamentably deficient and urgently calls for fresh provings on women in a scientific manner. A large proportion of our cures are made by prescribing ‘for the patient,’ *i.e.*, on general constitutional indications.” He gave a list of the drugs he advocated and their indications. “There are two important drugs which correspond respectively with spasmodic and congestive dysmenorrhœa, *viz.*, *secale* and *sabina*. These are best given between the periods two or three times a day and at the time every half-hour or hour. The higher dilutions of *secale* seem to act better for the immediate relief of pain. The typical spasmodic case must be accurately selected on the lines laid down, to secure the success of the remedy.”

In the discussion which followed, Drs. HUGHES, LOUGH, BURFORD, MADDEN and the PRESIDENT took part, and Dr. NEATBY replied.

A paper was then read by Dr. GEORGE BLACK, of Torquay, entitled, *Some Experiences of the so-called Tissue Remedies of Schüssler*.

Dr. BLACK began by giving a short account of the biochemical tissue-building theory, which Schüssler made the basis of his rule for the administration of what he termed the tissue remedies. Dr. Black then compared this theory, as a theory of life and disease, with the theories formulated by Bayes, Grauvogl and Hahnemann. Cases were afterwards cited where success attended the use according to Schüssler's plan of *ferrum phos.* and *kali muriaticum*. The cases included diurnal enuresis, certain feverish states, erythema, erysipelas, tonsillitis, laryngitis, epistaxis, measles with complications, scarlet fever and diphtheria.

Drs. GALLEY BLACKLEY, GOLDSBROUGH and ROBERSON DAY took part in the discussion which followed, and Dr. BLACK replied.

## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL.

#### POST-GRADUATE LECTURES, 1899.

##### *Programme for June and July.*

- June 2. “Diseases of the Urethra and Bladder.”  
Mr. DUDLEY WRIGHT.  
„ 6. “Broncho-pneumonia in Children.”  
Dr. ROBERSON DAY.  
„ 9. “Some Forms of Eczema.” Dr. WASHINGTON EPPS.







- June 18. "Diarrhoeas of Childhood." Dr. ROBERSON DAY.  
,, 16. "Diseases of the Urethra and Bladder."  
Mr. DUDLEY WRIGHT.  
,, 20. "The Scaly Skin Diseases, Psoriasis, Ichthyosis."  
Dr. WASHINGTON EPPS.  
,, 28. "Rheumatic Heart Disease." Dr. BYRES MOIR.  
,, 27. "Epithelioma, Rodent Ulcer and Mycosis  
Fungoides." Dr. WASHINGTON EPPS.  
,, 30. "Chronic Heart Disease." Dr. BYRES MOIR.  
July 4. "Abdominal and Pelvic Pain in Women."  
Dr. EDWIN A. NEATBY.  
,, 7. "Diphtheria." Dr. BYRES MOIR.  
,, 11. "Mechanism of Lateral Curvature."  
Mr. GERARD SMITH.  
,, 14. } "Symptomatology and Therapeutics of the  
,, 18. } Diseases of the Nervous System.  
,, 21. } Dr. GOLDSBROUGH and Dr. STONHAM.

The above lectures will be given at 4 o'clock in the afternoon,  
either in the Board Room or the Lecture Room of the  
Hospital.

## THE PHILLIPS' MEMORIAL HOMOEOPATHIC HOSPITAL, BROMLEY.

### LAYING OF THE FOUNDATION STONE.

On April 29th, in auspicious weather and with every sign  
of goodwill from the neighbourhood, the foundation stone of  
this hospital was laid by the Hon. Mrs. Forster, wife of the  
Member for West Kent.

We are enabled to give a ground plan of the hospital, of  
which an elevation appeared in a recent number. The ground  
floor is wholly appropriated to the working part of the  
hospital. The wards, which are to contain in all 18 beds,  
have a south aspect. The out-patient department is planned  
with every convenience.

We give the following account of the ceremony from the  
columns of the *Bromley and District Times* :—

Mr. and Mrs. Forster were received by a distinguished com-  
pany, under the presidency of Mr. J. G. Charles, the hon.  
treasurer. Prayer having been offered, Mr. J. M. Wyborn  
(the hon. secretary) referred to the loss which the hospital  
had sustained by the death of their chairman (Mr. Duncanson)  
and read a list of apologies from various involuntary

absentees. Many of them, he said, had sent representatives in the shape of welcome cheques.

Mr. J. G. Charles then read the following address to Mrs. Forster :—

“Madam,—It is my pleasant duty to offer you a cordial welcome in the name of the committee, on the occasion of your coming here with so much kindness to lay the foundation stone of their new hospital and dispensary, and in fulfilling that office it would seem fitting that I should make a brief reference to the origin and growth of this institution. The late Dr. Robert Edward Phillips, in whose memory this hospital was founded, was in many respects a man of very noteworthy character. Genial, and essentially sympathetic, a true, large-hearted man, overflowing with kindness, his was one of those attractive natures which quickly win and permanently retain the affection and confidence of those with whom they are brought in contact. When I add that he was inspired by a great enthusiasm for his profession, and of untiring energy in the work which it involves, it is little surprising that, settling in Bromley in 1874, he should, in a very few years, have so increased the practice to which he succeeded that, in point of magnitude and importance, it became second to none in the neighbourhood. To no branch of his practice was Dr. Phillips more entirely devoted than to his dispensary work among the poor, for to him, as to many other adherents to the cult of homœopathy, it was almost a matter of religious faith. He looked upon the dispensary as a missionary effort by which to spread as widely as possible the knowledge and benefits of homœopathy, and he worked with a zeal and enthusiasm corresponding with his faith. As his private practice increased, so also did his dispensary work, and it became more and more a source of distress to him that there was no hospital to which the more serious among his dispensary cases might be transferred, and where they might continue to receive the benefit of the same system of treatment in which he believed so strongly. A year or so before his death, Dr. Phillips had accordingly begun to collect money for that purpose, and when he died, in 1888, the dispensary committee had a sum of £170 in hand towards the object he had so much at heart. Few, if any, of his friends could doubt, when at the early age of 88 he passed away, that his premature death was directly due to his own devotion to his work and his self-forgetfulness. The suggestion that his own cherished wish should be accomplished, and the memory of his life and character be kept alive by founding a hospital in his name, met therefore with ready

acceptance and support among his former patients of every social grade. Accordingly, the scheme was set on foot, and in August, 1889, No. 19, Widmore Road was taken, providing beds for four patients as well as accommodation for carrying on the work of the dispensary. In 1891 the adjoining house was acquired, and the two houses were thrown into one, and adapted, as far as possible, for hospital work. In 1895 the committee were able to purchase the freehold of these two houses and the plot of ground on which they stand. Notwithstanding the good work which has been done in the building thus provided, the committee have been conscious throughout that the accommodation and facilities afforded by these two converted dwelling houses fell far short of what was desirable for the accomplishment of the best hospital work, and in the year of her Majesty's Diamond Jubilee a great effort was made to raise the funds necessary for building a new hospital. So generously was this appeal responded to that by the end of that year a sum over £2,860 had been raised, and at the time of issuing the circular, in response to which we are now here assembled, the fund had realised a total of £3,400. The committee entertain the earnest hope that either on the present occasion, or at the opening of the hospital in the autumn, our friends and supporters will supply the deficit still needed to complete the building, and to enable the committee to open the new hospital free of debt. It may be confidently said that the institution has amply justified its existence, for since its opening, less than 10 years ago, it has received within its wards 652 cases, of which only 15 have proved fatal, whilst in its dispensary and home-visiting departments it provides means of alleviating distress among the poor, which it is fair to say no other local charity affords. Long may the new hospital flourish, and long may it keep fresh among us the memory and the example of our devoted townsman. (Loud applause.)"

Mr. H. W. Forster, M.P., who was warmly received, said he begged to thank them on behalf of Mrs. Forster for the very cordial welcome that they had given her; and he also thanked the chairman for the very interesting information which was embodied in the address which he had just read. He was quite sure that if Dr. Phillips had been alive at the present time, his heart would indeed have rejoiced at the flourishing condition in which this institution appeared to be. There could be no doubt whatever, as the address pointed out, that the institution had justified its existence, and had proved that there was a need for a hospital of this kind in the neighbourhood. The members of the committee and those who had identified themselves so earnestly

with this scheme must be more than satisfied, or, at all events, fully satisfied with the response which had been made to their appeal. While neither Mrs. Forster nor himself was a disciple of that particular school of medicine to which Dr. Phillips belonged, and while he believed he was right in saying that several members of the committee also were not homœopaths, yet surely none of them could look with indifference upon a scheme which had been designed to promote the well-being of the sick and suffering poor; and it therefore only remained for him to express on behalf of Mrs. Forster, as well as for himself, the earnest hope that the hospital, the foundation stone of which they were about to lay, would long continue to flourish and to prosper. (Applause.)

The ceremony of laying the foundation stone was then proceeded with.

The Chairman then announced that Mrs. Forster would be glad to receive donations that anyone might wish to lay upon the stone. A gratifying total of £592 9s. was soon proclaimed.

Mr. T. Davis, as Chairman of the Bromley Urban Council, next spoke. The District Council, he said, desired him to offer those present their very hearty congratulations on the important stage of their work which they had reached that day—a work which not only had for its object the relief of sickness and suffering in our neighbourhood, but also was intended to perpetuate the memory of a highly and deservedly popular physician, by carrying out a work which was very near to his heart. The District Council of Bromley were in duty bound, and it was one of the few privileges also which they possessed, to take an interest in any work which had for its object to add either to the ornamental features of the town—which he might say it sadly needed—or to the institutions of public utility which it possessed—and he might also say that there was abundant room for further institutions of that character. In these days, when it was so often suggested that the State and Municipality should do everything for us, it was fortunate that there was still some sphere of activity left for the exercise of private initiative on the lines on which the executive of that institution were so actively engaged. They had often heard it said that hospitals should be supported out of the rates, on the ground, he supposed, that it was the duty of all good citizens to do everything in their power to save the lives of their fellow creatures. But it was no less a duty because it was one negligence to perform which subjected them to no pains and penalties; it was no less a duty on the part of all citizens to give as much at least by voluntary offerings as they would be compelled to

give at the demand of the rate collector. He would not take up more of their time that day, but would content himself by heartily wishing them success in their undertaking; and might they never lack adequate support to carry out the work which has been so auspiciously commenced. (Applause.)

Dr. E. M. Madden said he had now the pleasing duty to ask them to join him in according a very hearty vote of thanks to Mrs. Forster for having so kindly and graciously attended that day to assist them in the ceremony they had just concluded. It was greatly to the honour of the prominent men and equally of the prominent women of this country, that they were never slow to give a helping hand to all projects which they believed to be conducive to the public good. Although the attendance, even at functions such as that, must, he feared, sometimes be included in the list of the penalties of greatness, and often involved a considerable amount of inconvenience and the renunciation of other and more attractive engagements, yet it was always performed so cheerfully and gracefully that one could not help hoping that the consciousness of having done a service to and given an added pleasure to a large number of their neighbours might, to some extent, compensate them for their devotion to public duties. For themselves, too, he thought they had cause for congratulation that they could claim to be doing a sufficient amount of good work in this district to entitle them to demand public recognition, and in many cases to receive substantial assistance from those who took no especial interest in homoeopathy, but who only saw in their hospital a charitable institution worthy of support from the results they obtained. In this respect, too, they especially welcomed there a large number of the District Council, who by their coming acknowledged their claim to be an institution worthy of the town. A glance at the design of the new building, which they had all seen, that part of it already erected was enough to show that from an architectural point of view it would certainly take its place as an object of local pride, while they had good reasons for hoping that the increased advantages it would afford for the carrying on of the work of their hospital and dispensary would make it more and more useful as a charity. He could not sit down without referring to what all who had been at all closely connected with their hospital must have in their minds, namely, their very great grief and disappointment that Mr. Duncanson, their chairman since its inauguration, and their most liberal supporter up to and including that day, should have died before he could see the completion of the hospital in which he

took so deep and active an interest. (Hear, hear.) In conclusion, Dr. Madden said he had very great pleasure in moving that their most cordial thanks be given to Mrs. Forster for her presence and assistance on that occasion. (Applause.)

The resolution was seconded by the Rev. T. Nicholson, and carried by acclamation.

The customary votes of thanks and a verse of the National Anthem brought an interesting and hopeful occasion to its close.

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### LIVERPOOL HAHNEMANN HOSPITAL AND DISPENSARIES.

WE have received the following :—

The following report is the eleventh of the Liverpool Hahnemann Hospital, and the fifty-seventh of the Homœopathic Dispensaries.

In both the in-patient and out-patient departments the work carried on during the past year has been extensive and successful.

There have been 444 patients treated in the hospital during the past 12 months, a few less than during the previous year. The death rate during 1898 has been lower than usual. Considering that no selection is made in the admission of serious cases, and that some have even been moribund when brought to the hospital, this small mortality is a very gratifying experience. There have been more operations performed during last year than in recent years, and although of the 116 that have taken place many have been important and serious, only one death has occurred in the cases operated upon.

The whole staff has performed the duties falling to its various members to the satisfaction of your committee.

The committee are glad to state that the nurses on the private nursing staff have been well employed ; in fact it has not always been possible to meet the demand. It is gratifying to note that nurses trained in the hospital have acquired a reputation for competence, kindness and tact.

The Eaton Home has continued to afford the benefits of a thoroughly-equipped and beautifully-situated convalescent institution to our patients recovering from disease, and not to those from our charity only, though these have the first claim. During the past year 182 patients have been sent by us to the home for periods of three weeks and upwards, while 64 have been admitted from other institutions. The ladies who superintend this home, and the matron and others who assist



therein, deserve our thanks ; they receive some recompense in the gratitude and improved appearance of the convalescents themselves.

The expenditure of the institutions in Hope Street and Roscommon Street still exceed the income derivable from all ordinary sources, and the committee make an urgent appeal to the public of this city to forward to the treasurer such subscriptions or donations as will enable them to employ to its fullest extent the well-organised and equipped institutions in their charge.

The committee thankfully acknowledge the kind gift of £500 towards the Endowment Fund, presented by William Birch, Esq., in memory of the late Mrs. Birch, who for some years worked among the poor of Liverpool. They would also tender their thanks to the committee of the Hospital Sunday and Saturday Fund for their increased contribution, which is much appreciated.

ATTENDANCE OF PATIENTS FOR THE YEAR 1898 :—

OUT-PATIENT DEPARTMENT, HOPE STREET.

Attendances at the Dispensary .....	86,512
Visits at own homes .....	2,926

ROSCOMMON STREET DISPENSARY.

Attendances at the Dispensary .....	19,148
Visits at own homes .....	1,761

Total Attendances... 60,887

Number of In-Patients treated within the Hospital during the year ending 31st December, 1898 ...	444
Admitted during 1898 .....	404
Patients treated in Convalescent Home, West Derby	182

At an enthusiastic annual meeting, held on February 17th, it was announced that Messrs. Hahnemann and Mazzini Stuart offered £1,000 towards the £50,000 estimated as necessary for the establishment of a Homœopathic School of Tropical Diseases.

RÖNTGEN RAY EXAMINATION, LONDON  
HOMŒOPATHIC HOSPITAL.

We are asked to state that in future, cases will be received for examination by Mr. Gerard Smith on Thursdays at 8 o'clock. Cases requiring only examination by the fluorescent screen will be examined and reported upon without charge, on the request of the patient's medical man, or when required by the hospital staff.

When photographs are required it is expected by the hospital that the actual cost will be defrayed by the patient, whenever possible. This will vary from two to five shillings according to the size of the plate. Medical men wishing for prints can purchase them from the hospital printer.

A course of technical instruction, including four lessons, will be given to medical men on application to Mr. Gerard Smith. The fee for the course is one guinea.

We are told that the arrangements are very complete and of the highest standard. The large screen which was presented to the hospital is most useful in doubtful thoracic and abdominal diagnoses, and as reported already in these pages Mr. Gerard Smith has had considerable successes in cases of bone tubercle, &c.

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#### THE HAHNEMANN CONVALESCENT HOME AND DISPENSARY, BOURNEMOUTH.

WE have received with pleasure the twentieth annual report of these institutions. Dr. H. Nankivell has, after 30 years of valued service, resigned the post of physician, and has accepted office as consulting physician. Dr. Frost has been elected physician, and Dr. W. T. Ord surgeon to the Home, while Dr. B. W. Nankivell has been appointed stipendiary visiting surgeon to the Dispensaries.

Extensive structural alterations have resulted in the following improvements:—

The removal of the servants' bedrooms from the basement to more suitable quarters on the top story. Accommodation for six more patients. The provision of a private ward for a paying patient. Balconies for the open air treatment of consumptive patients, with separate accommodation for men and women. The erection of a lift. Enlargement and improvements in kitchen, domestic offices, out-houses and coal-house on the basement. Separate dining-room and entrance for the male patients.

The carrying out of these varied improvements necessitated the closure of the home for a period of six months, from June 1st to December 1st, and hence the number of patients received during the year was only 116, being a decrease of 24 on the average number for the last few years. Of these, 59 were men, and 57 women. There were no deaths during the past year.

The heavy expenses thus entailed have been in part met by special benefactions, and in part by the proceeds of a bazaar, previously noticed in our columns. There remains, however,

a considerable deficit, to meet which the committee set forth an appeal for aid.

In the Dispensary department, the report tells of a year of great activity, showing a considerable increase over the work of previous years. The attendances at the Western and Eastern Dispensaries together with the work done by the visiting surgeon give a total of 4,256 attendances upon 1,236 patients.

In view of the splendid work being done by the Convalescent Home, a work which is by no means merely local in its effect for homœopathy, we shall be glad if the next report announces that the management is free from all financial anxiety.

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#### NORTH OF ENGLAND CHILDREN'S SANATORIUM.

THE thirty-eighth annual report of this excellent institution lies before us, and we are glad to note its increased work and continued success. 874 cases were treated, of which number 320 were cured, 548 improved, and 11 only left without improvement. There were no deaths. In the face of this good report of work done, it is depressing to notice that the committee bewail a slight but progressive falling off in annual subscriptions. The very large area which the Sanatorium serves and the vast wealth which that area represents, make this failure the less creditable. Tubercular diseases furnish a large proportion of the cases admitted.

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#### THE AMERICAN MEMORIAL TO HAHNEMANN.

THE American-Spanish war having diverted attention and financial assistance from everything else, the movement in favour of a superb national monument to our founder has languished somewhat. Peace having followed victory, a new effort is being made, and, as it is being made by a strong committee of ladies, it will be curious if the matter hangs longer in doubt. A model of the proposed monument is probably familiar to our readers, and its execution will redound to the credit of our cousins across the sea as well as to the honour of him whom we both delight to acclaim as Master.

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#### MASSACHUSETTS HOSPITAL.

DR. I. T. TALBOT (the director) has favoured us with the twenty-ninth annual report of the Massachusetts Hospital (Boston, U.S.A.). A new nurses' and servants' home has been added to the hospital at the cost of some \$80,000, a munificent bequest from the late Mrs. White Vose. The report is adorned by pictures of this charming addition to the hospital.

1,792 patients were treated during the year, of which number but 74 were out-patients. Of the 1,265 surgical patients, 1,249 underwent operation, and the death-rate was 3.04. The medical patients were 380, with a death-rate of 4.2. It is satisfactory to note that an increased cash balance figures at the end of each set of accounts. *O, si sic omnes!*

The medical board note in their report that the large stills which have been installed are of the greatest service, and that distilled water "is gratefully received and retained by patients after surgical operations, when ordinary water is rejected."

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#### HAHNEMANN MONUMENT SITE.

IN 1895 Grover Cleveland vetoed the bill providing a site for the Hahnemann Monument. In 1899 the Lower House at Washington has defeated a bill for the same purpose.

The opposition was led by a member of Congress who was an old-school physician. This, of course, is only what might have been expected. But, though defeated this time, there is every reason to believe that the third attempt will meet with success. A reversal of six votes this time would have changed the result. Senator Gallinger and Representative Dalzell, who have the matter in charge in the Senate and in the House, express themselves as being confident of future success.—*Med. Era.*

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#### NOTES FROM NORTHAMPTON.

"I LEARN that the whole of the copies of Dr. A. C. Clifton's *Retrospect of Homœopathy in Northamptonshire, with some Personal Reminiscences*, have been sold, and no more will be printed. The little work is really an important contribution to the later history of Northamptonshire; and I congratulate those who were fortunate enough to secure a copy. Dr. Clifton has had very many applications for the work, the result of which will probably be that the worthy doctor will write another pamphlet on a kindred subject.

"By the way, it is generally known that Dr. Clifton contributed a very handsome sum to the London Homœopathic Hospital; and my readers will remember that a month or two ago I referred to the handsome legacy of £11,000 recently bequeathed to the same institution by a deceased homœopathic practitioner. It has come to the knowledge of the trustees and managers of the hospital that the deceased, while leaving so much to their institution, had, by making no bequest whatever to him, passed over a relative in America who is dependent on charity for his support. Under these circumstances the

trustees and managers of the Homœopathic Hospital have determined, of their own free will, to pay to this relative a sum not exceeding £50 per annum so long as they are informed officially that such contribution is needed. This action, which will be regarded as an exhibition of characteristic British generosity, will be highly applauded by all. The authorities of the hospital intimate that they do not regard that there is any legal demand upon them for this help, but the moral claims of the American relative they found themselves bound in honour to recognise."—*Northampton Daily Reporter*, April 15th.

### TROPICAL FEVER AND QUININE.

WE need offer to our readers no apology for an analysis of the address recently delivered by Dr. Koch to the German Colonial Association in Berlin. The fact that Hahnemann was led to his illustrious and illuminating theory by a consideration of Cinchonism makes the subject peculiarly attractive to all of us. We are not greatly concerned at present with the fact that the "heroic" use of quinine from the hands of those who therapeutically differ from us is now demonstrated afresh as harmful and unscientific. We prefer to dwell upon the almost prophetic insight of our Founder, who, rather more than a century ago (in 1790), recognised those very facts which the developments of pathological research are now bringing into general knowledge.

"Evident it is," says Hahnemann (*Mat. Med. Pura*, vol. 1, p. 409), "from the symptoms of disease produced by cinchona bark in healthy observers recorded below, that the numerous unhappy results of the treatment by this bark occurring in the practice of ordinary physicians, and the frequently incurable aggravations of disease developed where bark in long continued and large doses was the main remedy in their prescriptions, were owing solely to the noxious character of this drug when employed in unsuitable cases, and in too frequent and too large doses. This noxious character is demonstrated by the medicinal symptoms recorded below, which physicians till now were not aware of, and which they made no effort to ascertain. On the contrary, they innocently ascribed these aggravations to the natural course of the disease itself." Read by the light of these words, the following *résumé* of Dr. Koch's lecture possesses a double interest for us, firstly in the evidence which it gives of the advance of medical science in its struggle with disease problems, and secondly as a confirmation of the *verba magistri*.

We avail ourselves of a translation furnished by our contemporary *The Scotsman*. After detailing the prevalence of Malaria in German East Africa, Dr. Koch proceeds:—

“What a settler in the tropics has to expect under present circumstances may be seen from a few examples on which I will report quite briefly. A few years ago three healthy young people went to East Africa to lay out a farm on the Kingani River. For about three weeks they remained quite well, but then they fell ill of fever, one after the other, at intervals of a few days. They dragged along for some weeks, but had to be taken at last to the hospital at Bagamoyo. On their reception there, says the hospital journal, two of them looked very much wasted, waxy pale, and like corpses; of the third, who had had a specially severe attack, it says verbatim:— ‘An enormously big and strongly built man, now tottering misery.’ Fortunately for them, they received proper medical treatment in the hospital, and were restored to health. But as soon as they had recovered their strength they gave up farming and left for Europe by the next steamer. Of a similar incident I was myself a witness. Seven monks of La Trappe went to the Usambara Mountains, and founded a mission there. Some of them were ill when they arrived in the mountains, the rest fell ill soon after their arrival, all of severe and obstinately recurring tropical fever. Two of them died, three had to be sent back, and the other two had not got over the malaria even after they had been half a year in the mountains. In his recently-published report of his expedition to the Kilimandjaro, Governor Liebert states that in the Luengera Valley, where some Europeans had to make surveys, two had died in consequence of the marsh climate, several had had to be relieved, and others had been sent to the hospital at Tanga. It is true that malaria does not always do its work in so terrible a style as in these cases, but such instances are frequent enough, and I am convinced that our Colonial possessions will never be a source of real satisfaction to us till we succeed in getting the upper hand of this disease.”

Dr. Koch's researches into the nature of Texas cattle fever make a valuable contribution towards this end. It was found that whenever Texas-bred cattle came in contact with cattle from the northern states, the disease occurred among the latter, though the former were free from disease both before and after. “Not even contact was necessary; it sufficed if Texas cattle went over a pasture ground, and northern cattle followed them some time after.” The ticks which almost always infest Texas cattle fell under suspicion. Smith discovered in the red corpuscles of infected animals a pear-shaped organism occurring in pairs, the *Pyrosoma bigeminum*. The hypodermic injection of blood containing this parasite caused infection and usually death, but animals which recovered from an attack acquired absolute immunity. The

Texas cattle inherit a certain degree of immunity and acquire complete immunity by early and mild attacks when young. Texan cattle carefully divested of ticks failed to infect exposed cattle. Hence it follows that the *Pyrosoma bigeminum*. is the specific organism of Texas fever and that the ticks act as its vehicle. Smith further discovered that a generation of young ticks which were descended from Texan parents but which had never themselves been in contact with diseased cattle, were capable of conveying the disease when placed on previously healthy northern cattle. The circumstances surrounding the experiments by which Smith established this last fact being open to criticism, Koch thought it wise to repeat them with every precaution against fallacy, and he was completely successful.

"After the animals that had been infected by the young ticks from sick animals had fallen ill of Texas fever, I inoculated healthy animals with their blood, and thereby produced Texas fever anew, and this was done throughout several generations. In this way I at last got quite a number of animals sick of Texas fever, and it is a striking fact that they all got over the disease proper. Some of them, indeed, afterwards died; but they were weakly creatures—worthless, weak, young cattle having been intentionally chosen for the experiment. The other animals, on the other hand, had uncommonly mild attacks of Texas fever and recovered. This was all the more striking as the material with which I had started had been taken from an animal which had the disease in a very severe form. My explanation of this fact is that the young ticks had suffered severely on the journey, which had lasted about a fortnight under the glowing African sun, and that the virulence of the parasites hidden within them had also been weakened. When they arrived at Kwai most of the ticks were dead, and I had only a small remainder left for my experiment. The animals that had recovered were then infected a second time with the blood of sick animals, but did not react at all—that is, the attack they had had rendered them completely immune, but of course only against this mild form of Texas fever, accidentally produced under the conditions of my experiment. Now I could not but be curious whether this probably but slight immunity would suffice against the severe natural infection to which animals are exposed on the coast. In order to ascertain this I had the animals that had been rendered immune taken to the coast, and put out to graze with an infected herd. Not one of them got Texas fever. After they had successfully stood this test, I inoculated them with the blood of an animal which had Texas fever in an uncommonly severe form. This test, too,

they stood, all but one, which fell very slightly ill after the first injection, thereby proving that it had acquired but a slight degree of immunity."

"In this way I succeeded in artificially rendering a certain number of cattle immune against Texas fever, and I am firmly convinced that if these experiments, which were made only by the way, are continued, a quite serviceable protective inoculation against Texas fever will be achieved. At any rate my experiment proves the possibility of the transmission of blood-parasites by the descendants of ticks beyond all doubt, and that is, in my opinion, a fact of great importance to science. For if it is possible in one disease it may be possible in others. In saying this I am thinking expressly of malaria, in which much that we have now got to know of Texas fever repeats itself."

This preface brings our author to the consideration of malarial fevers, of which he gives an account carefully adapted to his lay audience:—

"On the real nature of malaria light has been thrown only very recently by Laveran, a French physician, who found parasites in the blood of malaria patients. For a thorough study of the malaria parasites, however, we have to thank Italian investigators, who have traced the history of the development of these parasites with indefatigable diligence and much skill. They have arrived at a result which I should like to describe to you in quite brief outlines. In tertian—that is, in our endemic form of malaria—they found that in individual red blood corpuscles at a certain time a small organism appears whose lively mobility declares it to be a living thing—a parasite. It appears in the red blood-corpuscles in the form of a ring slightly thickened at one part. Its appearance has been compared to that of a signet-ring. It grows pretty quickly, soon loses its signet-ring form, becomes somewhat more compact and assumes very irregular forms, owing to its amoeba-like mobility. Then the fact that it contains pigment comes to light in the form of fine little blackish dots and strokes. It goes on growing and at last becomes almost as large as a red blood-corpuscle. When it has reached this stage of development a singular change pretty suddenly takes place. The pigment, which has hitherto been pretty equally distributed, conglomerates, forms a small black-brown lump, and round this group themselves a number of little balls, which owe their origin to the splitting up of the substance proper of the parasite; generally there are fifteen to twenty such little balls. This process has been erroneously designated as sporulation. The little balls are not spores but young parasites, which very soon attach themselves in their turn to blood-corpuscles and go through



the same course of development anew. As to the relation in which this parasite stands to the separate attacks of tertian, the Italian investigators have ascertained the following facts:—If the blood is examined at the height of the fever-attack, only the ring-formed young parasites are found; if it is examined some time after the attack, somewhat larger parasites that have lost the ring-form are found. During the feverless time they become larger and larger, attain their full size shortly before the attack, and enter on the stage of 'sporulation' just as the new attack begins. If one examines the blood of a patient and finds the 'sporulation-forms' in it, one may say that the attack is immediately imminent, or has just begun. But if one finds ring-forms, for example, this is a proof that the attack is at its height; and so on. It may also happen that two quite different stages of the development of the parasite, young and old forms for instance, are found side by side, and then one can conclude that these are two generations, and that the case in question is not one of simple but of double tertian. You see from these examples with what certainty one can judge of the condition of such a malaria patient simply by examining the blood.

"The Italian investigators have studied the severe forms of malaria, also æstivo-autumnal fevers, and found in them a parasite essentially different from the tertian parasite. In æstivo autumnal fever only ring-forms are found. In what relation these parasites stand to the course of the severe forms of malaria has not proved rightly ascertainable. We are still completely in the dark on that head. In tropical fever, too, some tropical physicians have found such ring-forms. Of the connection between the parasites of tropical fever and the malaria belonging to them we know nothing.

"This was the state of things when I began to investigate malaria. Before reporting to you on that, however, I am bound to remark that the facts I found are valid for the present only for German East Africa, where I made my investigations. But I have repeatedly had opportunities of seeing preparations from other countries; I know the literature of the subject, and have learned much by oral communications; and I believe I am justified in supposing that the circumstances in other tropical countries do not essentially differ from what I am going to tell you.

"I found four different kinds of malaria in German East Africa. Two of these are very rare, and I will therefore leave them aside. One of the remaining two is exactly the same as that we have here among ourselves—namely, tertian—only with the difference that double tertian, which is not frequent here, occurs very often there. I could not discover

the slightest difference either as regards the course and the phenomena of the disease, or as regards the parasite, and I am therefore convinced that East African tertian is exactly the same as our own. But only 10 per cent. of the malaria cases there are of this form, the remaining 90 per cent. are of the other. And this latter agrees in all its qualities with the real tropical malaria as I described it before, so that I do not hesitate to regard them as identical. My task now was to gain, if possible, as regards tropical malaria, from a regular course of attacks of which and of the development of the parasites of which we know nothing, the same clearness as has been gained by the Italian investigators as regards our own malaria. To this end I tried, in the first place, to ascertain the real course of tropical malaria. Till now I believe hardly any physician has ever seen genuine tropical malaria run an undisturbed course. Whenever a tropical physician finds a patient with fever whom he supposes to be suffering from malaria he at once gives him quinine. This, of course, instantly disturbs the course of the fever. I succeeded in bringing it about that a number of patients had no quinine—so long, of course, as their condition allowed. I very soon found, to my extreme surprise, that tropical malaria does not run at all so irregular and polymorphic a course as has always been maintained, but has just as typical and regular fits as our tertian; only the temperature-curve of the fit is somewhat different."

Dr. Koch's investigation of tropical fever proper, as distinct from the endemic malarial fever common to Europe and the tropics, establishes a considerable similarity in their pathology. The attacks of the tropical variety, however, last for some 36 hours as against 4 to 8 hours in the endemic; this, of course, lessens the intervals between the attacks. The microscope demonstrates that the type is rigidly tertian, the apparently quotidian type is in reality a doubled tertian. The parasites appear as rings about one-sixth the size of a red blood corpuscle; the circumference line is a fine one with one or two button-shaped thickenings: toward the end of an attack they undergo some enlargement. On the fall of temperature much larger rings, thickened upon one side, suddenly appear. The "sporulation" forms of these parasites are discoverable in the spleen but Koch did not find them in the blood of the fingers. The exact condition of the patient with regard to an attack can be precisely determined by an examination of his blood alone. By this means, too, the action of quinine upon the parasites can be carefully regulated.

"The regular relation between the development of the malaria parasite and the temperature-curve is extremely

important in connection with the treatment of tropical malaria. We know that quinine must be given only at quite fixed times if malaria is to be cured with certainty. Experience teaches that it must be given from four to six hours before the attack. This rule is a purely empirical discovery. Now we know the reason; quinine does not kill the parasites, as has often been supposed, it only prevents their development. We must therefore try to hit just the most sensitive point in their development, namely, the so-called 'sporulation.' If we can prevent the sporulation of the parasite it engenders no new brood; its life is also ended; it dies and the patient is rid of his parasites. In ordinary tertian this point of time is very easily determined; sporulation coincides with the beginning of the attack, and quinine must therefore be given, if it is to do its work sufficiently, some hours before. For tropical malaria there was no such fixed point whatever. One never knew when the attack began and when it ended. So the doctors had to give quinine absolutely at random, and they did that, as I convinced myself in the tropics, without stint, of course with some praiseworthy exceptions. When a tropical doctor suspects that a patient has malaria he at once gives him quinine, and, to be quite sure, he gives it him in the morning, at noon, and in the evening, generally in doses of one gramme. Next day he repeats this treatment, and so on. These wild quinine therapeutics—which are, it is true, excusable—they simply did not know what to do—will, I confidently hope, now cease. We know now in tropical malaria, too, exactly when we can hit the parasite at its most sensitive time, namely, when the large rings appear in the blood."

Giving quinine on these lines Koch was uniformly successful except in two cases moribund on admission. Relapses, he is confident, may be permanently prevented by giving careful treatment. "I can only say that the doses must not be too small: less than a gramme should not be given . . . one gramme every fifth day for about a month to a month and a half." Prophylaxis should be carried out in an exactly similar manner. For Koch at least malarial fever has lost its terrors.

Our author passes on to a consideration of black-water fever, "the form most dreaded in the tropics, regarded so to speak as the highest power of tropical fever." There is profound corpuscular disintegration with solution of the hæmoglobin, which, excreted by the kidneys, gives to the urine a dark-brown-red to black colour and to the disease its name.

"Black-water fever is not peculiar to the tropics; it is not very rare in Italy; in Greece it is said to be pretty frequent,

and it was Greek physicians who first drew attention to the extreme probability that not malaria alone plays a part in black-water fever, but also quinine. The Italian physicians have partly confirmed this, and a number of tropical physicians especially our German Colonial physicians, have adopted this view. They have not been able, indeed, to abandon the idea that malaria plays the main part in the matter, and that it must under all circumstances be present.

"My investigations have led me to the conviction that black-water fever has no direct connection with malaria at all; it generally is nothing more nor less than quinine poisoning. I have seen not a few cases myself; I have inquired about the disease everywhere and studied its literature, but I must say I have never yet come across a single case of which one could maintain with certainty that quinine poisoning was out of the question. Sometimes, it is true, the patients deny that they have taken quinine, but these statements are for obvious reasons not always reliable, and whenever thorough investigations were possible I have been able to show that the thing was quinine poisoning. Never in all these typical cases of black-water fever have I found malaria parasites, whereas in cases of tropical fever I never failed to find them. I must, therefore, conclude that the malaria parasites are not requisite in order to produce black-water fever. If they are found in cases of black-water fever it is an accidental coincidence, I will not, indeed, go the length of saying that black-water fever cannot originate at all without quinine. We know that such conditions occur among ourselves, which are called hæmoglobinuria, and which may be caused by certain vegetable poisons, some chemical substances, or even by a simple cold. Of course, this may happen in the tropics too; I mean only that this tropical black-water fever, always designated hitherto as malaria, generally is nothing more nor less than quinine poisoning. I must, unfortunately, refrain from telling you all my reasons for this assertion; they are of a strictly medical nature, and the detailed stating of them would lead me too far; but you may rely upon it that they are completely conclusive. I am convinced that when this view has gained more ground, and when the tropical doctors learn to use quinine somewhat more cautiously, and perhaps to use other medicaments—arsenic or methylene blue for instance—in suitable cases, black-water fever will vanish altogether from the category of the tropical diseases proper."

It appears that the Jesuit's bark is sometimes more to be feared than the mosquito's bite.

If this high degree of hæmoglobinuria be indeed the result of cinchonism, the symptoms of black-water fever should

furnish us with new china symptoms which no voluntary prover is likely to reach ; and an interesting question arises as to whether hæmoglobin can be found in the dark urine of a china symptom (*Mat. Med. Pura.*, China, No. 550)—“ white stool and dark urine,”—that is to say whether the blood degeneration behind the obvious jaundice can be thus demonstrated.

An examination of the various theories of the etiology of malaria follows, and Dr. Koch gives his vote in favour of the “ Mosquito Theory.” It is noteworthy that the researches of Englishmen are left unmentioned ; one would have supposed it impossible to omit reference to the work of Manson and of Ross.

The conclusion of Dr. Koch’s lecture sums up the prospects of a future conquest of malaria in terms of guarded hopefulness.

“ I now come to an important and quite new question—namely, whether there is an immunity against tropical malaria analogous to that which we have found to exist against Texas fever. This question has hitherto been answered absolutely in the negative by all investigators and by science. After what I have observed, however, I must answer in the affirmative, and I shall tell you my reasons.

“ Experienced tropical physicians have always pointed out that, if one does not treat tropical fever with quinine at all, it has a tendency to become weaker and cease. My observations confirm that, and I refer you to the curve I drew of tropical fever, which shows the gradual abatement and final cessation of the fever in a patient who got no quinine. With such a group of attacks, indeed, the disease is seldom ended. In most cases relapses come, and after from ten to twenty days new groups of attacks occur, which however are already feebler. Several such groups follow, till at last these, too, cease, and only isolated and quite slight attacks come, in which the temperature hardly rises to 38° C. I have even observed something of this kind in Europeans who had gone through severe and long-lasting malaria, because, for one reason or another they had taken no quinine, or had been injudiciously treated. They had now only these quite atrophied attacks, in which one found with much difficulty only quite isolated parasites, proving that the disease really was malaria. Another reason is the following : There is no race of human beings that is originally immune. I have seen malaria among negroes and Europeans, Indians and Chinese, and yet we come across whole groups of populations which hardly suffer from tropical fever in the tropics at all. They must, therefore—one cannot explain this otherwise—have

acquired a kind of immunity, but in a natural way. Take the example of the negroes. The negroes of the Usambara Mountains are not immune, though they are of the same race as those that live on the coast. The Mschamba, that is, the negro of the Usambara Mountains, is very well aware of his susceptibility to malaria; he knows that as soon as he leaves his mountains and goes down to the plain, the steppe, or the coast, he gets the fever. He calls it *mbu*, and if you ask him where he got it, he tells you that there are insects down there which also are called *mbu*, they had stung him, and that was how he got the disease. The infected mountain-negroes often suffer for months from the fever, which not rarely proves fatal. When one of them has got over it he can go to the coast a second time without fear; he does not get the malaria again, or at most only once, and then in a mild form. By going through the disease he has become immune against it. The coast negro, on the other hand, is originally immune. I believe that this immunity originates just as in Texas fever. His ancestors were already immune, and he inherited a certain degree of immunity, then probably had the disease in a mild form in childhood, and has thus become immune.

"I saw quite similar conditions among the Indians. The Indians who come fresh to the East African coast are exceedingly susceptible to malaria; some of the severest cases I ever saw were among them. Yet one finds thousands of Indians on the African coast whom the malaria seems no longer to attack. It seems to be just the same with the Arabs. Of the Chinese in Sumatra something of the same kind is reported. The Chinese coolies who are brought to the island for the first time are very susceptible to malaria, and many die of it; but when they have lived there for a length of time they lose this susceptibility, and are then especially valued and better paid than the new comers.

"In view of these facts I have no longer any doubt that a malaria immunity exists. I should not indeed advise anybody to turn these observations to account by rendering himself immune in a similar way. That would be too dangerous. But if only we know that there is a natural immunity, there is a well-founded prospect of achieving an artificial immunity."

There is no doubt that a translation of Koch's *Reise Berichte über Rinderpest, etc.*, would meet with a welcome from professional English readers. His confirmation of the groundwork from which Hahnemann was led upward to demonstrate a new law of nature alone makes it an important work for us. Beyond this, however, it must be an interesting example of the methods and power of modern scientific investigation.

### THE CONGRESS AT LEICESTER.

WE hope that all our colleagues will make a special effort to be at Leicester at the Congress. It bids fair to be one of the most successful gatherings we have had for a long time.

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### SERUM THERAPY.

OUR contemporary, *The Homœopathic Recorder* (March 15th, 1899), who reprints Dr. Proctor's article on "Carbolic Acid in Pneumonia," from our February issue, comments upon it as follows:—

"Carbolic acid is the *only* drug contained in the 'serum' prepared for sale, and it has been intimated by men whose heads are reasonably level that in this drug lies all the virtues of 'antitoxin,' though these virtues are very much handicapped by the animal matter; that with distilled water in its stead the drug's action would be better and safer.

"And the news comes from Europe (we find it in *Pediatrics* of February 20th) that a 'new serum' is being 'successfully used,' namely, a serum of 'convalescent patients.' It seems to be quite as efficient as Behring's patented article. Here, too, whatever of virtue may be in the serum may lie in the carbolic acid with which it is preserved."

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### HYPODERMIC LITERATURE.

A MAN developed an abscess in the groin. When the abscess was opened it was found to contain a small spelling-book. It was ascertained that this patient, when a boy, was shot, and it is supposed that the spelling-book was in his trousers pocket, and was shot into the groin.—*Med. Record, from Exchange.*

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### MUSCLE FOODS.

Drs. PRAUTNER and Stowasser (*Centralbl. für Inn. Med.*) have been working to establish the results obtained in practice from experiments upon German soldiers upon a scientific basis. They found (1) that while taking sugar they were able to perform a distinctly increased quantity of muscular work, as tested by the ergostat; (2) that when muscular fatigue had been induced, a dose of sugar made further work of the same sort possible, and (3), by means of estimating the proteid metabolism, that the addition of a small proportion of sugar to the diet effected a notable economy in albumen waste. They conclude that the use of sugar for this purpose will be most effective in those who have a single hard task to

perform, or who need to finish a muscular task in the face of fatigue.

Somewhat similar experiments with alcohol as the "motive power" are reported by Destree (*Quarterly Journal of Inebriety*, January). In the first half-hour or so after the dose, he finds that more work can be done, and that with less sense of fatigue than usual. There follows upon this a period marked by rapid and disproportionate fatigue, so that the effects of the early artificial energy are more than counterbalanced. It has been borrowed, as it were, at compound interest. Tea, coffee and kola were found to act in a similar way.

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#### HAMAMELIS IN DYSENTERY.

DR. B. K. BAPTIST (writing in the *Homœopathic Recorder* for March 15th, 1899), reports that he found the routine treatment of dysentery by *mercurius corrosivus* and *ipêcacuanha* for "muco-bloody flux" often disappointing. With *hamamelis* 1x (*mj secundis horis*), however, the hæmorrhage ceases, the fæcal decomposition disappears and the secretion of mucus rapidly diminishes. He often relies upon *colocynth* for the colic, *arnica* for tormina and *nux vomica* for flatulence, to meet the remaining symptoms.

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#### SCHOOL OF TROPICAL DISEASES AT LIVERPOOL.

THE Samuel Henry Thompson ward of the Royal Southern Hospital, Liverpool, was formally opened by Lord Lister on April 24th. The proximity of the hospital to the docks, the vast home of tropical shipping, ensures a large number of cases of tropical diseases, which, up to the present time, have been treated in two of the hospital wards. The addition of a laboratory attached to the new ward of 12 beds (which is to be reserved for cases needing special study), will add greatly to its educational value, and the appointment of Major Ross, of the Indian Medical Service, as special lecturer, should do much to attract students of tropical medicine to Liverpool. It is but right that Lancashire with its enormous foreign interests should take a prominent part in wiping out the reproach of national neglect which we have incurred in the matter of training medical men to cope with the diseases peculiar to our numerous Oriental dependencies.

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#### RESULTS OF TREATMENT UNDER HOMŒOPATHY.

ALLOPATHS combine against homœopaths, and will continue to do so because the results of homœopathic treatment are very much better than any that old allopathy can produce. If a case can be cured, homœopathy can cure it more pleasantly



and more speedily than it would be cured under the old system.

On a pretty large scale I made out the following comparison when I had a number of club patients. In four different lodges I had about 800 lodge patients, and there were the same number under allopathic treatment. After three years attendance I asked the secretaries to supply me with the amounts of money paid out during this time under the two systems for illness and deaths, which they did, and whilst the allopathic average was 28s. per head per annum, my average was 7s. 6d. So delighted were the members of one lodge at these results that they gave me double fees to keep them on. In severe illness like typhoid fever the death rate under homœopathic treatment is very much lower than under allopathic. And if all typhoids were treated by homœopathy the disease would be shorn of a great part of its terrors. In the severe epidemics which ran through Hobart a few years ago, I treated 100 cases running without a death, and out of 200 I only lost two cases.—Dr. Benjafield, *Tasman. Homœo. Journ.*

### EUPHRASIA IN PROSTATIC TROUBLES.

THE following indications for euphrasia, *ex usu in morbis*, may prove valuable if they find clinical corroboration :—

“ Mr. D., aged 79, suffering from much lachrymation and sneezing. Euphrasia 8x every three hours. Later he inquired if there was anything in the medicine which ‘ would affect his water,’ as he expressed it. He said that for a number of years he had been compelled to urinate frequently at night, but since taking the medicine, had been greatly relieved. This interested me, and, as no *Materia Medica* which I had ever consulted included the prostate in euphrasia’s sphere of action, I resolved to experiment.

Mr. C., aged 74, had consulted me previously for similar trouble, but was not treated. I called him in and gave him a bottle of discs medicated with euphrasia 8x. The results in his case were favourable.

Last week Mr. D. came again into the office and stated that his trouble had returned, two years having passed since first treatment. Euphrasia was again prescribed. Symptoms : Urine limpid ; slow to start ; expulsive force diminished. Dribbling of urine ; must get up six or seven times during the night.

He reported after ten days. Arose seven times the night before taking the medicine. The night following the first two doses, arose five times ; the next night, three times ; the

next, once; the next, not at all; since, once a night. Urine straw-colour and flows freely."—Dr. F. P. Ames in *Medical Century*, April 1st, 1899.

### THE TUBERCULIN TEST AND HER MAJESTY'S HERD OF DAIRY COWS AT WINDSOR.

THE value of tuberculin as a diagnostic agent in the detection of tuberculosis has received striking confirmation by an experiment carried out at Windsor. The herd tested belonged to Her Majesty and consisted of 40 non-pedigree cows, mostly Shorthorns and Jerseys. At a meeting of the Society for the Prevention of Consumption and other Forms of Tuberculosis, held at Marlborough House on Dec. 20th, 1898, H.R.H. the Prince of Wales mentioned that Her Majesty had given permission for 36 cows from her home farm to be destroyed because they had been found to react after testing with tuberculin. Official sanction has now been given to the publication of the full details of the experiment in question. The 40 cows forming the herd were all in good condition and apparently healthy. They were all tested and were under the care of Mr. Allnutt and Mr. Tennant, veterinary surgeons, of Windsor. The tests were carried out on Sept. 16th and 17th, 1897, and the temperatures of the cows were taken on Sept. 14th by Mr. Tennant, when with the exception of one cow in which the temperature was 104° F. all the cows had temperatures under 103°.\* The test was commenced on Sept. 15th, the temperature of each cow being taken just before injection and at the third, sixth, ninth, twelfth, and fifteenth hour afterwards. At least 32 cows appeared to be tuberculous, their temperature rising to 104° or more, five cows appeared to be healthy, and three were doubtful. The whole herd was killed and the carcasses were examined at the Royal Veterinary College. Of 34 animals whose temperature had risen above 104°, 38 were found to be tuberculous. The remaining animal was not tuberculous but had a diseased uterus. The rise in this case was sudden and did not occur until after the twelfth hour. Of four cows which did not react, three were found to be free from tubercle and the fourth had one small caseous gland in which tubercle bacilli were found. The two remaining cows which were classed as "doubtful" were both found to be tuberculous. Professor J. McFadyean, from whose paper in the *Journal of Comparative Pathology and Therapeutics* we take these details, points out that the herd experimented upon might reasonably have been supposed to be

\* The normal temperature for the cow is 101.4°.

free from tuberculosis, as the cows were living under the very best conditions. There is only one way of keeping housed cattle free from tuberculosis, says Professor McFadyean, and that is to see that no tuberculous animal is admitted among them. This plan, we are glad to see, has been adopted in the formation of the new dairy herd at Windsor, all animals purchased for it being tested and admitted only when they do not react. It will be seen that a rise after the injection of tuberculin is not proof positive of the existence of tuberculosis, since one cow which reacted had no tubercle but suffered from a diseased uterus. But in a very large proportion of cases a rise was practically pathognomonic.—*The Lancet*, April 15th, 1899.

### TESTS FOR ALBUMIN.

In an interesting and careful paper on "Tests for Albumin in Urine" (*The Lancet*, April 22nd), Mr. P. J. Cammidge reviews 16 of the tests more commonly employed. He sums up in favour of the salicyl-sulphonic acid test.\* He says: "It is cleanly, fairly cheap and certain. It may be carried about either as a solid or as a saturated solution in a drop-bottle, and is applied at once to the urine direct, without heating or any special apparatus. By means of it all forms of albumin and most albumoses are precipitated at once, the latter being readily distinguished by their solubility on heating. It acts in acid and alkaline urines equally well, and does not precipitate phosphates, urates, uric acid, bile, alkaloids or drugs. In delicacy it comes between Heller's test and the heat and acetic acid test. Its great delicacy may, however, be counted as an objection, for quantities of albumin too small to be of pathological importance may be shown, especially on standing. The most serious objection is the readiness with which nucleo-proteids are precipitated, and at present we have no means of directly distinguishing this precipitate from that caused by albumin. The best check on these two fallacies is obtained by the use of Heller's cold nitric acid test in doubtful cases. The secondary ring (or haze) given with nucleo-proteids by this test is readily recognisable, and by diluting the urine with water any doubt is set at rest. The inferior delicacy of Heller's test also guards one against giving undue importance to a mere trace of albumin.

\* If a couple of drops of a saturated solution of salicyl-sulphonic acid are added to a small quantity of albuminous urine, and the mixture is shaken, a more or less marked opalescence occurs, either at once or after standing a few minutes.—*Clinical Medicine*, by J. S. Bury. p. 315.

Employed alone, cold nitric acid may lead to serious errors in diagnosis, especially in inexperienced hands, but when used as a confirmatory test to salicyl-sulphonic acid such errors are easily avoided."

A rival test has Dr. Colquhoun for its sponsor (*Lancet*, May 6th, 1899). It does not strike us as likely to attain popularity, since it will need some little experience before its indications can be correctly read. It appears, however, to avoid fallacies due to the presence of "mucin," and of urea in concentrated urines. A saturated solution of carbolic acid in absolute alcohol (which will represent a strength of about six in one) is the proposed reagent. A few drops of this are introduced by means of a pipette to form a layer above the suspected urine in a test tube. The line of junction is at once represented by milky opacity, as the water is imbibed by the alcohol slowly, and heavy oily drops of carbolic acid, thrown out of solution, find their way to the bottom of the tube. Where the albumin is present in high percentage the whole fluid quickly becomes milky, but where it is more scanty a milky ring forms to a greater or less depth below the junction of the fluids, on standing.

#### YES.

I AM a graduate of a regular school, with foreign and American hospital experience. Am commencing a general practice. Have I a right to use eclectic and homœopathic remedies when I think they are indicated?

#### PRACTITIONER.

Yes. A man is justified in using any remedy which he thinks will produce beneficial results. The source of a remedy cannot possibly prejudice its nature or action. Medicine was instituted to relieve sickness and suffering, and every therapeutic resource with which Nature or art has provided man, should pay tribute to the service of medicine. It is not only the right, but the duty of every practitioner to break through the walls of prejudice erected by schools, and investigate the archives of clinical fact stored with the rich and varied experiences of physicians of all schools. All the pathies contain some truth, none of them contain all, each and every one is biassed by extreme views. The rational physician who has no other aim than to cure his patient, will investigate all, extract and practice the serviceable truth, rejecting the alloy of error.

No man should be in leading strings to authority of any kind, whether medical, political, or ecclesiastical. He must be free to increase his knowledge, develop his individuality.

assert and defend his opinions, practise his conclusions, however heterodox such a course may appear. A man is answerable to no one for his conduct, so long as he refrains from infringing upon the equal rights of his fellows. The moment we make an unorthodox course amenable to medical, political or ecclesiastical discipline, we check progress, stultify the individual, and foster tyranny in those who assume the right to censure, judge and punish non-conformity. The assumed infallibility of men in authority has deluged the world with blood and tears in days gone by, but liberty is the watchword of the future, and man is only accountable for the use which he makes of it.—*Medical Brief.*

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### QUININE IN MALARIA.

OUR American cousins, in view of their recent entry into the Colonial business, are turning their attention to the treatment of those diseases which the future colonists of Cuba and the Philippines may expect. "Have we" (asks the *Medical Times* of New York) "a universal and unfailing specific (for malaria) in quinine? . . . However valuable quinine may be in malarial conditions, and no one can doubt its value or its specific action in very many cases, yet the closest observers admit that each case should be individualised and the size of the dose governed by the condition and surroundings of the patient." After glancing at Koch's opinion that quinine given in larger doses is responsible for black-water fever and marked nephritic trouble, our contemporary suggests that if the quinine be given mixed "with brains" the results would be all that could be desired. To this we would add that if the brains be first hardened by a little knowledge of the law of similars, the quinine will often prove incompatible.

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### THE SERUM THERAPY OF PLAGUE.

DR. CLEWOW has been experimenting upon plague patients in Bombay with serums prepared respectively by M. Yersin and Professor Lustig, of Florence. Fifty cases, chosen alternately from those admitted to the Old Government House Hospital, were treated with doses up to 60 c.c. per diem of M. Yersin's serum, with the result that a mortality of 80 per cent. occurred both among the injected and those who escaped injection. The time in the illness at which the treatment was commenced did not seem to affect the probability of death.

Professor Lustig claims that his serum has reduced an ordinary mortality of 86 per cent. to 40 per cent. Of 18

patients, however, who received daily injections of from 15 to 20 c.c. under Dr. Clemow, 10 (77 per cent.) died.

As a curative measure the effect of M. Haffkine's preparation has been found, "if anything, rather detrimental than otherwise," but it is still vaunted as a prophylactic.

### DIFFERENTIAL REMEDIES FOR SUPPURATION.

In homœopathic practice, there are four principal remedies between which we must differentiate in the treatment of suppuration—belladonna, hepar sulphur., mercurius and silica.

When a part becomes inflamed, the redness appearing in radiating streaks, with throbbing, and general chilliness (indicating approaching suppuration), belladonna is given to prevent the formation of pus or to limit its development.

The belladonna boil has a pointed top and ripens perfectly, thus differing from the silica boil, which grows deeper instead of "pointing."

If the area involved is greater, or more deeply seated, the rigors more marked, the systemic disturbance more profound, the patient sensitive to draughts, and there is a tendency to profuse sweating, hepar sulphur. is the remedy.

Hepar follows belladonna especially well. As under silica, there is extreme sensitiveness of the part. Hot applications are agreeable to the hepar and the silica patient, but aggravate under belladonna and mercurius. Under hepar the skin is unhealthy; every little scratch festers; the physiological resistance of the body is impaired.

In low potency it hastens the development of pus, while in the high it prevents its formation.

Mercurius is suited to cases more advanced, where pus has already formed. It rather favours pus development. It does not follow hepar well and should not be given immediately after silica. It is likely to spoil the case if given in the beginning.

The mercurius patient is debilitated, the skin has a muddy look, there is a profuse, oily, sour-smelling perspiration, which stains the clothing yellow. He is aggravated by heat, but keeps closely covered for fear of getting chilled; is too hot in a warm room and too cold in a cool one. The perspiration aggravates. The gums are sore, salivation is increased and the breath is offensive. The discharges are thin, foul and acrid, and the nocturnal aggravation is marked.

In chronic conditions the mercurius sore may cover a rather large area, but is superficial, with irregular edges, having a coppery colour, while the bottom of the ulcer is covered with a grayish crust. The hepar sore looks like it had been punched

out, so free may it be from induration and inflammation. The discharge is thicker, greenish, streaked with blood, and the part is especially painful after being squeezed or pressed upon. Hepar is the remedy in pus-infection of wounds.

The deep-seated silica sore opens upon the surface by fistulous tracts, the mouths of which are hard, elevated, bluish and studded with granulation tissue.

Whenever silica fails to complete a cure, a dose or two of sulphur should be given, as an intercurrent remedy.—Dr. Burch, in *Medical Century*, April, 1899.

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### THE EARLY DIAGNOSIS OF PREGNANCY.

BEING struck by the difficulty of diagnosing early pregnancy, Richard v. Braun Fernwald has been conducting an investigation in G. Braun's clinic for the last five years. He finds a change in the shape as well as in the consistence of the womb, one side early becoming thicker than the other—of twice the thickness in a month; in some cases—due, possibly, to the usual lateral position of the ovum. The thicker side is also softer than its fellow. Braun Fernwald describes the impregnated uterus as consisting of two "horns," the one soft and large, separated by a distinct sulcus from the other which is of normal uterine consistence and comparatively small. By bi-manual examination, two widely separated fingers in the vagina supporting the two "horns," he claims that the diagnosis of pregnancy is possible three days after the first missed period.—*Brit. Med. Jour.* May. 6th.

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### TASMANIAN NOTES.

WE are pleased to see that the Pharmaceutical Society of Tasmania has elected Mr. H. T. Gould, homœopathic chemist of Hobart, their President for 1899. Mr. Gould has been one of the Council since the Society was formed in 1890, is also one of the Board of Examiners, and has acted as Hon. Treasurer for seven or eight years. He has now been placed on the Commission of the Peace for the City of Hobart. Mr. Gould has our congratulations.

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### TREATMENT OF FISTULA IN ANO BY PIECEMEAL OPERATION.

IN a paper on the above subject Dr. E. Hoyte, of New York, advocates a process which he terms "office treatment," meaning thereby that it can be carried out in the surgeon's "office" or consulting room. Cocaine is used as a local anæsthetic, and the fistula is divided up a part of its extent

one time. The operation is repeated "every three to ten days until the end is reached." The patient goes about his daily work "without inconvenience."

Dr. Hoyte avers that improvement in the weight and general condition of the patient sets in at once. He discourages the operation in "very large people" and uses an elastic or inelastic ligature here.—*Medical Era*.

## REVIEW.

*A Repertory to the Cyclopædia of Drug Pathogenesis.* Part III.  
Compiled by RICHARD HUGHES, M.D. London: E. Gould  
and Son. 1899.

By an unfortunate error the notice of Dr. Hughes' careful and laborious Index to the *Cyclopædia* has been displaced from the usual situation in our pages.

The third part is now before us and in it are found the conclusion of the digestive system, the urinary organs, the reproductive system, and the respiratory organs. No change of plan has been made in the work as explained in its own preface. In our last notice, that of Part II., we expressed our intention of reserving comments in detail until the completion of the Index-repertory. As far as we have been able to examine it, its references are complete and accurate. That the material referred to is of very unequal value is not the fault of the Index, of the *Cyclopædia*, or of Dr. Hughes. It is simply a hard fact. The perseverance and punctuality of the compiler excite our utmost admiration—if not envy.

## OBITUARY.

REUBEN LUDLAM, M.D.

JUST as we go to press, we receive the lamentable news of the death of Dr. Ludlam, of Chicago. We had learned that the sudden strangulation of an old hernia had necessitated operation, but he had borne this well, and was making a good recovery. Then came the welcome intelligence that he was up again, and had resumed his work. It is, therefore, a shock as well as a grief to hear that he died—suddenly, it would seem—"stricken with heart disease while operating at the Hahnemann Hospital," so writes the *Medical Century* on April 29th.

We have not the space or the material at present for any account of Dr. Ludlam's career. We can only say, what all will acknowledge, that he was one of the pillars of homœopathy in his country, and that our loss in his removal is hard to estimate.



## CORRESPONDENCE.

### THE CONGRESS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—May I ask for a small space in your columns to supplement the circular of Dr. Dyce Brown, in reference to the Annual Congress, to be held at Leicester on June 8th.

Should the weather be unfavourable the luncheon will be held in the Museum Buildings. Due notice of this will be given on the morning of the Congress.

A plan of the dinner table will be on view in a room adjoining the Council Chamber, so that members who desire to do so may choose their seats for the dinner. Dr. Clifton, I believe, has invited some of the leading citizens to meet us on this occasion.

As regards hotel accommodation, members will find the "Bell Hotel" in Humberstone Gate the most suitable. The "Wyvern" (Temperance) is also first-class and can be recommended.

On Friday, I hope to arrange for an outing, either in cycle or motor-car, through part of Charnwood Forest. Each motor-car will carry nine; and I should be much obliged if those ladies and gentlemen intending to join the party will let me know without delay, so that I may secure the necessary vehicles. If members have objections to motor-cars, and prefer horse-traction, I shall be glad to oblige them. Those who wish to hire cycles will do well to let me know their height, or the maximum distance from saddle to pedal.

I sincerely trust that we may have a very large attendance at the Congress, so that it may be a thoroughly successful meeting, one which will reflect credit upon the status of homœopathy, and also do honour to our colleague Alderman George Clifton, who adorns the civic chair, and worthily upholds the best traditions of the ancient town of Leicester.

I am, Gentlemen,

Yours faithfully,

HENRY MASON,

Hon. Local Secretary.

52, London Road, Leicester.

## NOTICES TO CORRESPONDENTS.

\* \* We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, Thursdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.; Orthopaedic Cases, Tuesdays, 2 P.M.; Electrical Cases, Thursdays, 9 A.M.

Dr. SEARSON, late of Ealing, has removed to 18, The Greenways, Uxbridge.

Communications have been received from Dr. J. H. BODMAN (Clifton); Dr. BLACKLEY (Southport); Dr. CASH (Torquay); Surgeon-Major DEANE, Dr. HAYWARD (Birkenhead); Dr. JOHNSTONE (Richmond); Dr. MASON (Leicester); Dr. NICHOLSON (Bristol); Dr. SEARSON (Uxbridge); Dr. HUGHES (Brighton).

## BOOKS RECEIVED.

*A Repertory to the Cyclopædia of Drug Pathogenesis.* By Richard Hughes, M.D. (Cases illustrating the Surgery of the Liver and Gall-bladder. By Dudley Wright, F.R.C.S., Eng. Gould & Son, Ltd.—*Hemorrhoids and Fistula in Ano.* By E. F. Hoyte. Chicago Era Co.—*A Practice of Medicine.* By H. R. Arndt, M.D. Philadelphia: Boericke & Tafel. 1899.—*The Journal of the British Homœopathic Society.* April.—*The Homœopathic World.* May. London.—*The Chemist and Druggist.* May. London.—*The Calcutta Journal of Medicine.* March.—*The North American Journal of Homœopathy.* May. New York.—*The Homœopathic Eye, Ear and Throat Journal.* May. New York.—*The Medical Times.* May. New York.—*The New England Medical Gazette.* May. Boston.—*Twenty-ninth Annual Report of the Massachusetts Homœopathic Hospital.* Boston.—*The Hahnemannian Monthly.* May. Philadelphia.—*The Homœopathic Recorder.* April. Philadelphia.—*The Homœopathic Envoy.* May. Lancaster, Pa.—*The Medical Era.* April. Chicago.—*The Hahnemannian Advocate.* April. Chicago.—*The Medical Century.* May. New York and Chicago.—*The Clinique.* April. Chicago.—*The American Medical Monthly.* April. Baltimore.—*The Pacific Coast Journal of Homœopathy.* April. San Francisco.—*The Medical Brief.* May. St. Louis.—*The Minneapolis Homœopathic Magazine.* April.—*The Tasmanian Homœopathic Journal.* April. Hobart.—*The Bromley and District Times.* May 5th.—*Revue Homœopathique Française.* April. Paris.—*Revue Homœopathique Belge.* February. Brussels.—*Rivista Omiopatica.* March and April. Rome.—*Le Mois Médico-Chirurgical.* April. Paris.—*Allgemeine Homöopathische Zeitung.* April and May. Leipzig.—*Homœopathisch Maandblad.* May. Nederland.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 23, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W.; or to Dr. WILKINSON, 8, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE CONGRESS.

THE Congress of members of the medical profession practising homœopathy in the United Kingdom, held at Leicester during last month, details of the proceedings at which appear in this number, was felt by everyone present to have been one of the most successful and thoroughly enjoyable gatherings of the kind ever held. The circumstances surrounding the meeting were well calculated to render it so. The Vice-President of the Congress, Dr. GEORGE CLIFTON, is the MAYOR of the Borough in which it took place, and the arrangements which he, in conjunction with his colleagues, Dr. MASON and Dr. CAPPER, made for the convenience and pleasure of the members, and the hospitality of the MAYOR and MAYORESS extended to them, will long be remembered by all who were present.

The Congress opened on Thursday morning the 8th of June, but on the evening before about forty of the members were entertained at a garden reception by Dr. and Mrs. CLIFTON. The business of the Congress on Thursday was preceded by a meeting of the members of the medical staffs of the various English homœopathic hospitals, in the Council Chamber of the Leicester Town Hall, to consider a report from the

Interim Committee of the Federation of Homœopathic Hospitals. The business of the Committee having been concluded the members of the Congress assembled in the Council Chamber at 10 o'clock, when the Congress was duly opened by the PRESIDENT, Dr. BYRES MOIR, when he delivered the Presidential address, a full report of which will be found on p. 388. That his Address gave the fullest satisfaction to all who had the advantage of hearing it, will be readily understood by every one who reads it. Opening with an exact and clear definition of homœopathy, he insisted that it was directed to bringing in distinct law into the use of drugs as therapeutic agents. At the same time there were morbid conditions in relieving which drugs were either inadequate or only partially useful, but where surgical interference by way of operation was essential, in such all recognised the value of surgery. This point was further elaborated during the day in Dr. MASON's paper, especially in the discussion which followed it, and, indeed, in more than one of the after-dinner speeches it was emphatically alluded to. Mr. KNOX SHAW's reference to HAHNEMANN's allusion to the value of surgery in the *Organon*, § 186, would seem to have been overlooked, in the first place, by some who were present, and then to have been regarded as a justification for those who have adopted homœopathy into their practice to resort to surgical procedures. HAHNEMANN's opinion of the necessity for operative surgery in certain conditions was, of course, a perfectly sound one, and being sound his followers are right in accepting it. But it is not his having expressed it that justifies them—*nullius addictus jurare in verba magistri* is as applicable to our position with regard to HAHNEMANN as it is to that occupied by any other scientific observer or uninspired writer. The justification for operative surgery lies in the inadequacy of medicine to relieve a given condition, which an operation has been proved to be capable of remedying without directly endangering life. Fifty years ago, it was hurled at homœopathic practitioners as a reproach that they neglected surgery. Now-a-days, we have heard of its being regarded as a reproach on the London Homœopathic Hospital that surgery is so considerably and successfully practised there! The fact is, that the surgery of fifty years ago and the surgery of to-day are totally different. In those far off days, so great

was the suffering and such the mortality proceeding from surgery that every effort was made through homœopathy to bring medicines selected by the rule of *similia similibus curentur* to bear upon all sorts of cases; but now that anæsthetics and Listerism have rendered surgery painless, and have practically abolished septicæmia, and to a very large extent other causes of mortality, while the surgeon possesses through his knowledge of homœopathy a power to control morbid conditions arising after operations, homœopathists are glad to avail themselves of surgical procedures in all cases where medicinal measures alone have been found to be inadequate for the promotion of cure.

Hence it is that, as Dr. MOIR remarked, the use of drugs covers only a part of our work as medical men, and while at the same time we should make every effort to limit the need for operative interference, we rejoiced in the progress made by surgery and gave every credit to those by whom it had been brought about.

The chief feature, and that the most striking, of Dr. MOIR's very able address was his demonstration of the results of the work of Dr. HUEPPE in the laboratories of the University of Prague, showing the activity of very small quantities of drug matter in influencing the animal organism, and in other points proving the truth of the principles laid down by HAHNEMANN.

We have long felt that the trend of research in the laboratories of natural science was to confirm the truth of homœopathy. Dr. BLACKLEY, of Southport, in his address at the Congress held at Bournemouth in 1890, showed how clearly this was taking place, and Dr. MOIR has again brought out, through the work of the last few years, still more fully that the principles which HAHNEMANN was the first to lay down were now being found to fall into line with modern physiological work. The mistake of HAHNEMANN was that he lived a century before his time!

The paper read by Dr. BURFORD and Mr. JOHNSTONE on *The Menopause* was a model of clinical and scientific research, and remains as a valuable and original contribution to practical medicine.

Dr. HAYWARD's essay on Dr. HUGHES' *Index to our Pathogenetic Material*, though principally a favourable review of that useful addition to our opportunities for studying the *materia medica*, when prescribing for

individual cases, gave rise to a good discussion on repertories in general, in which were brought out not only the use of these materia medica dictionaries, but also the abuses to which they are liable.

The third and last paper discussed was a very practical one on *The Relation of Surgery to Homœopathic Therapeutics*. This, and Dr. HAYWARD'S, we hope to publish next month.

From the *résumé* we have given it will be seen that the business done at the Congress was of an essentially practical and thoroughly useful character—rarely have we had a Congress the features of which have been more so. Business concluded, the dinner which followed was one thoroughly enjoyed by everybody present, while the excursion on the following morning into some of the beautiful country around Leicester, under the guidance of Dr. MASON and his friend Mr. MOTT, gave the most complete gratification to those members who were able to join in it. Finally, we must most gratefully acknowledge on behalf of the members of the Congress the kindness, courtesy and attention of the MAYOR of the Borough and the MAYORESS. They spared no effort to render the meeting a success, and to secure the enjoyment of the members; and they succeeded in doing so with a degree of completeness that left nothing to be desired.

## THE EFFECTS OF MODERN THERAPEUTIC RESEARCHES ON THE POSITION OF HOMŒOPATHY.

By BYRES MOIR, M.B.,

Physician to the London Homœopathic Hospital.

I HAVE, gentlemen, to thank you for the honour you have accorded me by appointing me your President for this year. While I know that there are many members more able and more worthy to fill this post, I would yield to none in my conviction of the truth of homœopathy, nor in my desire to see it take the place which it deserves in medical practice.

My first duty is the sad one of referring to colleagues whom we have lost by death since our last meeting.

Dr. Claudius Buchanan Ker, of Cheltenham, who died in June last year, was not only one of the pioneers of homœopathy in this country, as he graduated M.D. of

Edinburgh in 1844, but it is to him, along with the late Dr. Francis Black, that we owe these Annual Congresses, the first one having been arranged and summoned by them, and held in Cheltenham in September 1850. At that meeting Dr. Black gave the opening address, and Dr. Drysdale, of Liverpool, brought forward his splendid monograph on bichromate of potash. The only two survivors of the 29 who were present at that Congress, Drs. Dudgeon and Arthur Clifton, are with us to-day, and should receive a hearty welcome from us all.

Dr. Ker wrote several papers to the *British Journal of Homœopathy*. He carried on a successful practice for 53½ years, esteemed and respected by all who knew him.

The Hon. Allan Campbell, L.R.C.P. Edin., L.F.P.S. Glas., died on October 30th in Adelaide, South Australia. He was born in Glasgow in 1836, and qualified in 1866. On account of his health he settled in Australia. He was elected as member of the Legislators' Council of Adelaide, and took an active part in all political and philanthropic work, and was one of the four founders of the Adelaide Children's Hospital.

Dr. John Say Clarke was not known to many of us, as he retired from practice in the early seventies. He became a licentiate of the Apothecaries' Company in 1833, and M.D. Aberdeen in 1851. He enjoyed a large practice in Islington, and left his fortune, amounting to over £12,000, to the London Homœopathic Hospital.

Dr. S. Churchill died at the age of 85 at Folkestone, where he had been in practice, until he retired in 1893.

Dr. Morrison, of Clapham, where he successfully practised for thirty years.

Dr. Edwin M. Hale, of Chicago, to whom we owe much for his works and his introductions of new remedies; and last of all

Dr. Ludlam, of Chicago, the sad news of whose death under somewhat tragical circumstances has only just reached us. A few weeks ago an old hernia became strangulated while he was operating in Hahnemann Hospital. He was immediately removed to a bed in an adjoining ward and at once operated on, with complete success. He had resumed his professional engagements, and was in the act of performing his first operation—hysterectomy—since his recovery, when, having almost completed it, he uttered a cry of

distress, the knife dropped from his hand, and he sank unconscious into a chair. A few moments after being carried into an adjoining room he had breathed his last. His son, Dr. Reuben Ludlam, completed the operation, which proved quite successful. Dr. Ludlam was well known amongst us, having been present at the Manchester Congress in 1875, that held in Edinburgh in 1882, and also at that in London in 1884. He was a surgeon of more than ordinary skill, and a most genial personality.

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One of the best essays ever written on homœopathy by an outsider was that of Dr. Samuel Brown, the brilliant chemist of Edinburgh, who was cut off in early life. He wrote in 1843 *On the Theory of Small Doses*, treating the subject from a purely scientific aspect.

What he then said about the difficulty of the acceptance of our views by the general profession still holds good. "It is," he says, "the insensible medicines the profession fights against, and with good reason, till they be rendered welcome to the mind by some theoretical light and likelihood thrown round the exhibition of them. The advocate for homœopathy must harmonise the principle implied in their practice with invisibles, with the general theory of nature, so far as that has yet been discovered and received."

It is with that object I would approach my subject, and see what light has been thrown upon it by recent work.

Hahnemann's views of the action of drugs were not fully put forward till the beginning of this century. In 1805 appeared his *Medicine of Experience*, and in 1810 *The Organon of Rational Medicine* was published.

The great central truths which he there enunciated, and which we still maintain, were based upon Francis Bacon's true methods of scientific enquiry, viz., by observation, experiment and induction, and shortly were these :—

1. The demonstration by evidence of the therapeutic rule, *similia similibus curentur*, let likes be treated by likes.
2. The necessity for ascertaining the effects of medicines upon the healthy human body.



3. The administration of medicines in disease singly and alone, and in the precise form in which they had been proved.

4. The diminution of the dose for the purpose of avoiding its too violent action.

These rules contain what are for us the essentials of the principles for which we have been fighting through the century ; later in life Hahnemann enunciated his views on chronic diseases, dynamisation of medicines, some of which were carried still further by his followers. These being easy of attack have naturally been seized upon by our opponents for objects of ridicule. Whether true or not (and no one who has read enough of Hahnemann's writings showing his acute powers of observation will lightly pass over any of his teaching) they do not influence our present position.

While some maintain that homœopathy is limited to the question of drugs, we should, I think, claim for it a much wider field than this, and if there is a law at all, it must be true of all stimuli that act upon the organism, whether chemical, mechanical, thermal, photic or electrical, including thus all forms of energy that come into relation with the organism.

The importance of this view is very great, and it has been well brought forward by Dr. Percy Wilde in a paper on *Similars and Contraries*,\* in which he says, "My own studies of the laws of similars have been purely physiological, and as a result I am prepared to state that the rule *similia similibus curentur* represents a law of nature, and is of universal application within its own limits. It is a law which guides the practitioner to the remedy after the cause of the disease has been removed."

"No one will," he says, "wish to deny the value of the law of contraries applied within its own limits, while the law of similars is rendered indisputable, when it is stated as a whole instead of a partial truth, and in terms which are physiologically intelligible."

Homœopathy is, then, directed to bringing distinct law into the use of drugs as therapeutic agents. In the same way the system of Swedish medical gymnastics introduced by Ling and Branting is based upon strict anatomical and physiological facts. It has recognised,

\* *Similars and Contraries*, by Percy Wilde, M D. *The Monthly Homœopathic Review*, March, 1896.

for instance, the influence that may be exerted upon the nutrition of cells by mechanical movements; how light pressure applied to a nerve acts as a stimulus, when more severe causes paralysis, etc. In *Kinésithérapie*\* by Georgii, published in 1847, attention is drawn to the necessity of employing chemical agents in moderate doses, intended only to bring about reaction after the law of Hahnemann, and that the truth of this law has been already proved by the employment of the three kinds of agents, chemical, physical and mechanical.

Electricity is still too much used in the treatment of disease in an empirical way, and hence the failure to obtain from it the results which we all feel sure ought to be possible from such a powerful agent. In a recent pamphlet (not homœopathic) on electrical treatment, the author writes: "The reason of this failure is plain enough; it is because in their efforts they did not endeavour to follow nature. Instead of the minute currents similar to those by which every function is fulfilled, they used relatively enormously strong ones; opposing forces which should have been supplemented, and supplementing forces which they should have opposed; they applied their batteries at random instead of realising in the slow and gradual methods of nature the effects produced by influences extending over long periods."

The charge which has often been made against us of neglecting pathology has been frequently met, and Dr. Galley Blackley in his presidential address at the Congress of 1894 dealt ably with this point.

With regard to surgery, and the popular idea that homœopathy does without the knife, we ought to be very clear in our own position, and remember the large class of cases where mechanical interference is necessary—the use of drugs covering only a part of our work as medical men; and while every effort should be made to limit the need for operative interference, we should rejoice in the progress made by surgery, and give full credit to those by whom it has been brought about.

Dr. Mason in his paper on *The Relation of Surgery to Homœopathic Therapeutics* will deal with this question this afternoon.

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\* Note to page 105.

In the use of palliatives, for in spite of the views that some hold that no one deserving the name of homœopath would make use of such means, those amongst us who find that we do sometimes need them may find some comfort from the words of Hahnemann\*: "I am not ignorant of the great value of palliatives. For sudden accidents that tend to run a rapid course they are not only quite sufficient, but even possess advantages where aid must not be delayed an hour, or even a minute."

In hygiene we have not, I think, been behind-hand, and we may point with pride to what has been accomplished by one of our members, the late Dr. Mathias Roth; work which has never received the credit which it deserves, viz., the introduction of physical education as a part of the curriculum of the Board Schools.

In 1854 he made an appeal to Lord Granville to induce the Education Department to promote the physical training of the young.

He persevered in his efforts, in spite of want of success, and in 1879 published a pamphlet teeming with facts of the greatest importance, entitled *On the Neglect of Physical Education and Hygiene by Parliament and the Educational Department*.

Soon after this he gave lectures on physical education and instruction as to methods of carrying it out to some of the teachers of the London School Board, and before his death had the pleasure of seeing his views adopted, and carried into practice.

The results will be of untold benefit to future generations if it is carried out systematically.

Of what Hahnemann had to contend with at the beginning of the century, and the courage necessary to follow in his steps, we can now have little idea. The difficulty of overcoming prejudice could not be better illustrated than by the paper read by Professor George W. Balfour at the meeting of the British Medical Association, held in Edinburgh last year—*Personal Experiences of an almost forgotten Episode in Medical History*.

In this he narrates his experiences when he went to Vienna in 1845 to study homœopathy in consequence of

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\* *Hahnemann's Lesser Writings*, p. 618.

Professor Henderson having professed his belief in it. He was astonished to find cases of true pneumonia making excellent recoveries under Fleischmann's treatment with infinitesimals, but as he saw the excellent results which Skoda was getting at the same time, only using an infusion of hay, he came to the conclusion that, as Skoda put it, "Pneumonia tended to resolution, and that the large blood-lettings thought necessary for the treatment were, to say the least, uncalled for," and that Fleischmann's results were not from his medicines, but simply from expectancy. On returning to Edinburgh he read a paper showing that Skoda, with his expectant treatment, had a mortality of 13.7 per cent. in pneumonia, while in Edinburgh the same class of cases, with the advantage of having been freely bled, gave a mortality of 35.9 per cent., showing a proportion of recoveries of nearly 3 to 1, or over 20 per cent. in favour of those who were not bled, to say nothing of the time gained by their more rapid recovery, or of the less exhausted conditions in which the patients were left, whereby they were sooner fit to return to the active duties of life.

Dr. Balfour urged upon the Society the importance of giving the expectant system of treating pneumonia a fair trial, but he was met with the true British prejudice to anything new, and his words fell on deaf ears, and the conclusion arrived at may, he says, be well summed up in the words of one of the ablest physicians of the day, Dr. John Gairdner: "Nothing was better established than the good effect of blood-letting in Edinburgh whatever might be the case in Vienna. Of the benefit of early blood-letting he entertained no doubt whatever; they were positive, immediate, unequivocal, and admitted by almost every physician whose experience and judgment entitled him to consideration, and if Dr. Balfour, or any one else, could shake his conviction in the truth of this opinion, he would also succeed in producing in his mind a general mistrust of medical evidence in all cases of every description, since in no case whatever can we have evidence which is stronger or more satisfactory."

This paper was read in Edinburgh in 1846, nearly fifty years after Hahnemann's enunciation of his views, and Dr. John Gairdner may be taken as typical of the orthodox physician of the time, to whom such views,

meaning a complete revolution of all they held most sacred in medicine, were so absurd that any accepting them could only be looked upon as lunatics.

The late Professor Henderson\* at the time ably criticised Balfour's paper and showed that under homœopathy not only was the percentage in pneumonia better than under the expectant method, but that the time occupied in recovery was less ; and we certainly may claim that it was the influence of Hahnemann's teaching that led Skoda and the Vienna school to try the expectant method.

Hueppe, whose work on bacteriology I shall refer to later, says : " The Viennese school, which Hahnemann still dominated, lapsed into giving nothing at all to the patient, and rested content with observing the course of the malady."

Professor Balfour makes no reference to Fleischman's treatment of cholera ; for the superiority of homœopathic treatment has been well shown in this disease, and it was in this that it may have been said to have won its spurs.

Dr. Fleischmann in 1836 treated 732 cases of cholera, with a mortality of 33 per cent., while the average mortality in the other hospitals during the same epidemic was about 70 per cent. In consequence of this the existing laws against the practice of homœopathy were repealed in Austria. In the outbreak of 1854, 61 cases were treated at the London Homœopathic Hospital, with a mortality of 16.4 per cent. The same success was shown in the treatment of yellow fever in the Southern States of America in the outbreaks of 1853 and 1878. The actual figures are given in the *Monthly Homœopathic Review* for 1879.

At the International Congress of 1896 Dr. Walter S. Mills, U.S.A., gave us the following figures, which were collected from the hospital records of the previous year, and under conditions which corresponded as nearly as possible. He reported that

50,405 patients treated in allopathic hospitals gave  
5,204 deaths, a mortality of 10.32 per cent.

19,549 patients treated in homœopathic hospitals gave  
1,363 deaths, a mortality of 6.97 per cent.

A difference in favour of homœopathy of 3.35 per cent.

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\* *British Journal of Homœopathy*, 1852.

Major Deane, R.A.M.C., is now trying in India what homœopathy can do against plague. The mortality under ordinary treatment may, he says, be anything from 60 to 95 per cent. From 70 to 80 per cent. seems to be about the average. Five hundred cases which he treated himself gave a mortality of 54 per cent., and last week he sent me full notes of his last nineteen consecutive cases, with six deaths, as the result of his more mature experience, and this mortality of 31.11 he believes could be maintained.

Major Deane has been making use of hypodermic injections of the snake poisons, crotalus and naja. It is interesting to notice that the poison of these snakes, which have been long used by homœopaths for septic conditions, as well as the poison of some mushrooms, is a tox-albumen similar to the toxins of some of the pathogenetic bacteria.

#### PRESENT PRINCIPLES OF DRUG THERAPEUTICS.

Of late years we hear of the great progress that is being made in therapeutics by the old school, and that a new science, that of pharmacology, has arisen. Pharmacology is defined by Professor Fraser of Edinburgh as "the science of the action of remedial substances, which deals with the changes produced in normal physiological conditions by the influence of substances used as remedies. It concerns itself with elucidation of the changes and what remedies do," in other words what we mean by our "provings." Pharmacology cannot be made clinically useful beyond the sphere of palliatives without the aid of the principle of homœopathy; that there is need for a guide to the use of remedies after their action is found out is being well illustrated.

In the *Medical Annual* for 1899 Dr. William Murrell writes the review of therapeutic progress for 1898, and says, "Apart from researches on toxins and serums, very little pharmacological work has been done in Great Britain during the last year. Pharmacology is temporarily under a cloud, and we may have to wait for some years for a revival in this industry."

This is candid, but only shows what we must expect from pharmacological experiments carried out as they are at present, and used without any principle connecting

drug action with disease processes. As Dr. Bristowe said at the Ryde meeting of the British Medical Association, "We must admit the truth of the homœopathic relation between drugs and diseases before we admit the special value of investigations conducted only on the healthy body."

In the *Harveian Lecture* for last year Dr. Ewart says: "Since the physiological effect of individual drugs has become matter of demonstration, it is no longer the power of medicinal agents which is doubted by some, but the wisdom of utilising that power lest it prove to be a double-edged weapon, as in the case of narcotics and of other drugs."

At the time of the Jubilee Mr. Malcolm Morris published in the *Nineteenth Century*\* an article on "The Progress of Medicine during the Queen's Reign." The improvements which surgery, physiology, pathology, diagnosis, and sanitary science can boast are marvellous, but we cannot say as much for therapeutics. There has undoubtedly been a great improvement from a negative point of view; as Mr. Morris says, "there is much less drugging than there used to be; moreover it is better directed." There is little in his list to equal the triumphs which surgery has achieved in the same time, and the multiplication of chemical products which are put upon the market only partially tried, is not an unmixed blessing. The use of them by the public direct from the chemists increases steadily, and makes one inclined to agree with the remark that a well-known Scotch physician of the old school made to me some years ago, that, in his opinion, as the result of forty-five years' experience, he believed that the drug shops were doing as much harm as the dram shops.

In that splendid work, *The System of Medicine*, edited by Clifford Allbutt, now being published, we find again, that in every department there is wonderful progress in the knowledge of disease, but no such satisfactory progress in the treatment, so far as this is concerned with the employment of drugs.

Dr. Leech's article on the "Principles of Drug Therapeutics" is most disappointing, showing how little progress has yet been made.

In the paragraph headed "Principles on which Drugs are Selected, or Rational Therapeutics," he says, "When

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\* May, 1897, and in *Homœopathic Review*, June, 1897, p. 329.

a case of disease presents itself for treatment, the first step is to determine whether any drug be known which has cured an exactly similar case."

"If no such drug is known, one of two plans is adopted. We may select a remedy on the ground of analogy, because it has done good in an instance so like the present one, that it may be reasonably expected to be again of service. If experience and analogy fail, recourse must be had to such pharmacological knowledge as we may possess, that is, we may select a drug capable, directly or indirectly, of causing the return of one of the abnormal tissues and organs to a normal state."

"Whether a drug be selected in the first place on analogical or on pharmacological grounds will largely depend upon the bent of the observer. Some see analogies quickly, others more readily resort to reasoning. The same treatment may result from either attitudes of mind."

This may be rational therapeutics to some minds, but its ambiguity is sublime, when we consider that it is dealing with questions of life and death.

Progress has certainly been made on antipathic lines with palliatives, such as amyl nitrite, phenacetin, sulphonal, and many others, and likewise in lessened dose, and giving one medicine at a time. Mr. Malcolm Morris, in an address on "The Use and Abuse of Internal Remedies in the Treatment of Skin Diseases," published in the *Lancet* of October, 1898, speaks of the evils of poly-pharmacy in a way that would have rejoiced the heart of Hahnemann. "Nothing," he says, "has probably hindered the progress of therapeutics as much as poly-pharmacy," and he makes use of the old illustration of the charge of small shot.

The adoption of homœopathic remedies by the old school has gone on steadily, any explanation but the right one being given for their use.

Instances of this are the use of aconite in pyrexia, arsenic in gastritis, cantharis in nephritis, corrosive sublimate in dysentery, ipecacuanha in vomiting, bichromate of potash in gastric ulcer, and many others too numerous to mention.

It is strange to think that in a profession like ours the reason why such treatment is not much more general is, that when medical men find out the value of



such remedies they are afraid, as Sir Samuel Wilks wrote in the *Practitioner* of December, 1868, to advocate it too openly lest their names should be associated with homœopathy.

So far no mention has been made of the department where activity has been greatest in the last few years, and which has added so largely to our knowledge of disease, viz., Bacteriology and Serum-therapy, and from which, strange though it may at first appear, more light is being thrown upon Hahnemann's teaching than from any other source.

Dr. James Johnstone, in his able paper "On Serum-therapy and its Relations to Homœopathy," read at the Annual Homœopathic Congress held at Bristol in 1897, was among the first to emphasise this.

His paper was published in the *Monthly Homœopathic Review* for November, 1897, and in the same number Dr. Hervey Bodman has a most interesting letter upon the address given by Dr. Leech, at Montreal, in the capacity of President of the Section of Pharmacology and Therapeutics, "On the Mode of Action of Medicines," and shows that if Dr. Leech's views on the action of drugs are carried to their legitimate conclusion, "he has established the reasonableness of belief in the law of similars; we might go farther and say that if his arguments are right, that he has demonstrated the truth of the law of similars."

Dr. Proctor, in his brilliant presidential address at Clifton, said, "It looks as if our nominal opponents had a boding sense that at any moment the veil that hides the operation of the small dose may be lifted, and homœopathy be seen to stand forth a self-evident scientific truth."

Striking evidence of this is given in a work on the *Principles of Bacteriology*, by Dr. Ferdinand Hueppe, professor of hygiene in the University of Prague, which has just been translated by Dr. E. O. Jordan, assistant professor of bacteriology in the University of Chicago. Before quoting any extracts from this work let us consider what we know about the action of a drug in curing a disease.

According to Hahnemann\* "homœopathy knows that

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\* Preface to *Organon*, page 20.

a cure can only take place by the reaction of the vital force against the rightly chosen remedy that has been ingested, and that the cure will be certain and rapid in proportion to the strength with which the vital force still prevails in the patient."

The phrase "vital force" is here used as a general expression for the energies resident in living matter, which even now we do not understand, and this is the view that Dr. Johnstone brought forward in his paper on serum-therapy, viz., "that that drug which pathogenetically is as near the simillimum of the disease as it is possible to be, acts in some dynamic way upon the tissues of the body, and more particularly upon the diseased tissues, and thereby (1) either excites the cell to increased resistance against, or (2) antagonises and cancels the morbid agent."

"In whatever way we look at it there can be no doubt that the action centres round the protoplasmic units, the cells of the organism."

For a cure by a drug we cannot have a better example than the action of quinine in malaria, but the same would hold good of any of the medicines known as specifics, where the cure is brought about without the need of developing symptoms due to the physiological action of the medicine.

Dr. Latham used to refer to the action of quinine in malaria as the cardinal instance of the "cure" as distinguished from the "treatment" of disease.

Professor Hueppe's remarks bearing on these points are so clear and so important, and follow so closely our own standpoint, that I quote them very fully, although I may say here that I have not picked out this work because I found it supported our views, but because it is considered to be the best work on the principles of bacteriology. In the review of it in the *Lancet*, it is described as "the work of a master."

He begins his chapter on "Curing by combating the Cause" \* by misrepresenting our views.

In speaking of the treatment of malaria by quinine, of syphilis by mercury, and rheumatism by salicylates, he says :

"Indeed the reproach of the homœopathist is that with the ordinary large doses of medicine that are given

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\* *Principles of Bacteriology*, page 275 (Hueppe).

we do not effect a cure but merely increase the suffering of the patient by superinducing a disease due to the drug. It is, however, noteworthy that under such treatment malaria patients do get free from malaria and become perfectly well, and that the rheumatic patient gets rid of his painful joints and swellings, and is able then calmly to discard his salicylates. There must obviously be something wrong with the homœopathist's explanation."

There is obviously something wrong here, but the error lies in Dr. Hueppe's statement of our views, and one would little think from the way he puts it that our whole principles are based upon Hahnemann's observations of such specific action as he here gives, and that it is due to Hahnemann's teaching that the superinducement of a drug disease is now avoided, while the curative action is maintained. And we maintain that the dose to be used may be as large as is found to be necessary, so long as you stop short of this drug disease, which is a real danger.

He next goes on to say, in reference to the action of specifics, like quinine and the salicylates :\*

"It has been too much assumed that such substances act antiseptically, and that their efficiency in the body is due to the fact that they destroy the parasites, that they bring about an internal disinfection.

"As a rule, however, antiseptics and disinfectants in general are more powerful poisons towards the sensitive body cells than towards parasitic microbes, and for the cause of the cure we have again to look for the action of the remedy in stimulating the cells of the human body, perhaps that of the blood, and thus effecting a specific counteraction."

Continuing, he says : "The question may well be asked, therefore, whether quinine is not efficacious in quite a different way from that commonly supposed, since it neither paralyzes nor kills the parasites."

"The latter effect would demand relatively large quantities ; the cure of malaria can be brought about by small quantities. Now we know that small quantities of a chemical substance can act in a very different way from large quantities."

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\* Hueppe, p. 280.

"This important empirical fact was for a time almost wholly lost sight of, and only the significance of large doses was appreciated, until Hahnemann attracted attention again to the value of small doses."

"Even the childish extravagance which found vent in homœopathy could not impair the sound kernel of truth which the doctrine contained."

"In more recent times accurate investigation along this line has been carried on by Nothnagel, H. Schulz and Hueppe. It is now evident that we have not to deal with any mystical 'potentialization' with the supposed fact that a remedy becomes more potent the more it is diluted, but with a fundamental biological law, which Arndt, Schulz and Hueppe first expressed as follows: 'Every substance which can paralyse or kill any cell or cell protoplasm can also act in small quantities (on the other side of an indifferent point) as a stimulus to cell activity. The absolute quantities leading to such effects are very different with different substances.'"

"From a consideration of this law, to which there is no exception, and because of a recognition of the important fact that when the cure of malaria is brought about with so-called large doses of quinine the substance is actually present in the blood in smaller amount than is requisite for the paralysis or destruction of the malarial parasite, some investigators have come to the conclusion that quinine cures because the small doses stimulate the cells of the human body, perhaps those of the blood, and thus effects a specific counteraction."

"If proper quantities be selected, the stimulative effect of small doses must, theoretically at least, be brought into play without any such poisonous effects as might possibly follow from large doses."\*

"The cure is consummated without poisoning, without causing a drug disease, it is effected by the intervention of the body cells. The remedy heals simply because it acts as a stimulus, and temporarily exalts the natural forces of the organism."

"If the cells of the human body are affected more seriously and in larger numbers by some very severe attack, then stronger stimuli, that is to say, larger amounts of the drug, are needed. In such cases the

poisonous action of the drug usually becomes manifest also, or it may happen that the stimulus fails to act because it is applied too late, and is hence unable to affect many points. The full utilisation of simple non-poisonous means of cure needs, therefore, the use of only small quantities of any remedy, and consequently necessitates that treatment should be applied as soon as possible. The same is true of every casual method of healing disease."\*

Further on he says: "Chemicals often show closer relationship to certain tissues or cells than to others, without our being compelled to assume a true specificity, a fitting of molecule to molecule. Add to this that every stimulus acts more intensely upon an accessible tissue which is already over-stimulated and diseased than upon the corresponding sound tissues or cells, and it will be seen that for this reason much smaller quantities of medicine are necessary than when it is a question of killing parasites in the body."†

Professor Hueppe also lays stress upon the point, "that disease is a process, and that we have to treat individuals, not the disease. And that disease germs must not be considered as the cause, but that the true internal cause is to be found inherent in the internal organisation of man. Just as in all natural processes, without exception, where the disease germs act as liberating impulses and are able to set free only what in the form of a pre-disposition towards disease is in some way prefigured both in nature and amount in the human body."‡

He also refers, in speaking of the vital phenomena of bacteria, to the interesting discoveries of Naegeli, "that a mere trace of metallic copper proves fatal to algal protoplasm, such an action being called oligo-dynamic. Similarly he says Miller and Behring have found that metallic gold and copper can arrest the development of bacteria, although no perceptible trace of the metals goes into solution."§

We see in this that Hueppe, arguing from the facts of bacteriology, has arrived at the truth of homœopathy, and that what holds true of living microbes is equally so of chemical products, that drugs cure a disease by causing the reaction of the tissues against the rightly

\* Pages 284 and 285.

† Page 290.

‡ Page 268.

§ Page 89.

chosen remedy, and that to bring this about the medicine to act as a stimulus must be given in small doses.

It is interesting to notice in how many points Professor Hueppe confirms Hahnemann's teaching. First of all there is the broad question, that we have not to consider so much the action of the drug, which is in reality only a stimulus, but what is the reaction of the tissues against such a stimulus, and this brings forward the disputed question of vitalism. Hahnemann may not have been right in speaking of vital force, but by neglecting the peculiar properties of living tissues great error has been fallen into. For the greater part of this century it was considered that physiological phenomena were to be explained on the ordinary lines of physics and chemistry. Professor Huxley's *Elementary Physiology*, published in 1868, is full of these mechanical theories which late researches have completely upset, and for those who, like myself, were taught that Huxley might be absolutely relied upon, and that nothing could shake his observations, which were based upon facts, it is instructive to read such a paper as that of Professor Haldane (lecturer on physiology, Oxford) on "Vitalism," published in the *Nineteenth Century*, 1898, in which he says: "In connection with physiological oxidation, as with growth, nutrition, excretion and absorption, the attempt to analyse life into constituent physical and chemical processes has thus failed completely, and only serves to show how in the absence of experimental evidence even the ablest and most clear-headed men of science may be led astray by preconceived ideas."

On the question of the dose Hueppe is also equally clear, viz., that a small dose acts as a stimulus without having any poisonous effect, but that if we go beyond a certain point we get injurious action from the drug itself. This is simply our rule to stop short of aggravation, and much as we could wish it, we can give no further solution of the vexed question of dose, and it is not one which can ever be fixed on hard and fast lines. Hueppe remarks that disease is a process, and that we have to treat individuals, not the disease; and this corresponds to Hahnemann's saying, "there are only patients, not diseases."

Drugs vary infinitely in their properties, and the patient is never a fixed quantity, so it must be left a matter for experience. Hueppe sneers at the childish extravagance of mystical potentialisation, but does not clear matters up by quoting the experiments of Naegeli.

There is not time to give any detail of these experiments, which have since been repeated by many others, and found to be accurate; a short account of them by Dr. William Wesselhoeft, of Boston, was published in the *Homœopathic World* for November, 1898.

The experiments are in a line with those of Darwin on the "Drosera plant," and had their origin in the revelation that water drawn from a brass faucet, or water distilled in copper vessels, had a fatal effect upon algæ. He distilled one litre of water in glass retorts, suspended four clean copper coins in this water during four days, and found that this solution killed his plants in a few minutes. When this water was poured away, the glass rinsed and washed carefully and again refilled with neutral water, the plants also died in a very short time. If, however, the glass was washed out with diluted nitric acid, and refilled with fresh neutral water, the plants flourished and remained healthy. Again he found that this oligo-dynamic water poured into a new clean glass transferred its poisonous properties to the walls of the glass, and in turn was again able to medicate neutral distilled water.

Naegeli gave the name of Oligo-dynamis or "The Power of the Minute" to this poisonous property which exists long after all chemical trace of the metal has been lost.

Such action lies between a proportion of copper of one part in a hundred million parts of water and one in a thousand million parts of water.

It is interesting to note here the use that has been made of copper in the treatment of cholera. A new light having been thrown upon it by this power of killing minute living organisms.

Physiology has for a long time shown that the cell is the structural element of the living body, the elementary organism in which the vital processes have their seat, and hence the investigation of such phenomena must take place in the cell.

One of the last works on *General Physiology*, that by "Max Verworn," translated by F. Lee, is devoted entirely to cell physiology, and gives the results of a large number of researches, upon the reactions that appear in the living cell, upon the employment of chemical, galvanic, and other stimuli. He gives the same law of stimulation and depression as Hueppe, and also enters upon the question of the effects of the interference of two different stimuli.\* He states it thus, that "If two stimuli of medium intensity produce effects of the same kind, for example an excitation, and act upon the same components of biotonus, the general result will be a summation of the excitations; for instance, through the action of an exciting stimulus, such as a chemical or thermal stimulus upon a nerve, the irritability of the latter towards a second, such as a galvanic stimulus, is increased, and the latter causes a greater reaction than if it had been employed alone. A contrast to this is afforded by the phenomena that result when living substance is acted upon by two stimuli that work in opposite senses, upon like components of biotonus, one depressing and the other exciting. The usual result is a decrease of irritability. For example, if a narcotic be allowed to act upon a cell, or if a cell be depressed by over stimulation, every exciting stimulus will produce a smaller reaction than if it had acted alone; under certain circumstances the cell will be completely inexcitable."

The first of these illustrates the action of a drug similar in character to the disease stimulating the cells to increased resistance, the second shows that from the opposite actions of two stimuli we get depression.

It is still, however, an open question whether the result that follows from the actions of similar stimuli is due to increased resistance overcoming them both, or whether it may not follow from the one neutralising the other.

The law that under certain conditions similars tend to cancel is a widely distributed law, and examples occur throughout the range of physical science. The most notable is the discovery of Bunsen and Kirchoff in the examination of the solar spectrum. These distinguished

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\* Verworn, page 492.



scientists found that rays of light of a certain wave length are exactly neutralised if projected through the rays of a similar wave length, and the blackness of darkness ensues.

Dr. Thomas Young, the famous physicist of the earlier part of this century, enunciated the law as "the law of interference," of which many examples might be cited.

There is the well-known experiment in acoustics, that there are four positions in which the vibrations of a tuning fork are inaudible, owing to the undulations proceeding from the two legs arriving at the ear at intervals of half a wave length, and thus not intensifying, but neutralising. There is a very striking experiment in optics, where rays of light from two separate sources when projected on a screen will exactly neutralise and produce areas of darkness where the two sets of undulations mutually interfere.

Dr. Percy Wilde has given examples of the law in physiology and shown us the neutralising values of heat and cold when applied to similar states of the organism.

There was little in this world that escaped Shakespeare, and he alludes often to the same principle—for instance :—

"Take then some new infection to thine eye,  
And the rank poison of the old will die."

Many of the points which have been under consideration have been well brought out by members of our own body, and I would like especially to refer to what has been written on specifics by Drysdale, Dudgeon, and Hughes—in fact Hueppe's remarks on the action of quinine in malaria might have been copied from Hughes' *Pharmacodynamics*; but I have quoted almost entirely from our opponents' literature, and we see that pharmacology on the old lines is "under a cloud" according to its own supporters; but they are now preaching one medicine at a time and much less of that, for instance Hutchinson's use of mercury in syphilis, and Professor Balfour's use of arsenic in heart disease in what he calls infinitesimal doses.

From serum-therapy we certainly have got a valuable remedy in the antitoxin for diphtheria, but we must not be too much carried away by the success which it has so far undoubtedly achieved, for it is still on its trial—

there may be dangers lurking in connection with it of which we are not yet aware. Bacteriology has led to a more careful study of life in its early forms and has taught us much about the causation of diseases and how nature overcomes them, and from all this we may assume it as proved, that we have been working on absolutely sound lines and may draw the conclusions :

1. That different tissues of the body have selective affinity for different drugs, and that this can only be found out by the proving of drugs on the healthy body.

2. That in disease we have not to deal with an entity, but with a process, and that symptoms are the outcome of the struggle of the organism with a new environment.

3. And that to remove these symptoms, or to cure, a drug must be used which has an affinity for the diseased tissues and is able to cause symptoms similar to the disease, and that "a specific is a remedy which cures with the absorption of its whole physiological into its therapeutic action," i.e., there should be no surplus of physiological action.

At the present day these do not seem to be such terrible doctrines that those putting them into practice should be excommunicated by the rest of the profession ; but such is the case, and our conduct is considered to be so infamous that no medical man can meet us in consultation, nor are we allowed to enter any medical society or to have our papers published in the ordinary journals. It is of no use for the so-called orthodox school to put up what they call homœopathy and be satisfied when they have knocked *that* to pieces. We who practise it are the right ones to define it, and we have been fortunate in England in having such men as Drysdale, Madden, Black, Dudgeon, Pope and Hughes to state our views ; and above all are we fortunate in the way that they have done it, for while they have been subject to abuse and insult of all kinds, in all their writings you will find nothing but good taste in their answers to their opponents.

Homœopathy has been a *chose jugée* to the general profession ; they would not even allow the "kernel of truth" which it contained, and in consequence they are now sectarian while we have perfect freedom—we simply desire for our therapeutic principle its true place in medicine, whatever that may be. We hold no exclusive dogma,

but are quite prepared to give up any doctrine at present held by us as soon as further discovery shall show us something better ; but that time has not yet come, and we must still fight for the freedom to practise what experience has taught us to value.

It is often said that there is very little difference now between the two schools ; but there is this essential difference, viz., that homœopathy recognised and still maintains that there are definite laws which regulate the choice of medicines, and from these strict rules have been deduced for practice ; the predominant school on the other hand have so far not brought forward any general laws, without which medicine cannot be placed on a line with other sciences.

The whole art of medicine is summed up in the one problem : How to restore its normal power to each diseased cell. From the law of stimulation, which George Henry Lewes expresses as follows :—" A faint or moderate stimulation increases the activity of the organ ; but beyond a certain limit, increase of stimulation diminishes and finally arrests the activity ;" we here get the exact position of similars and contraries. On the one hand, a small dose of a similarly acting remedy is a stimulus and causes a specific counteraction, and the curative effect is brought about without any injurious action of the drug.

On the other hand a large dose of even the same remedy acts as a contrary, and depresses or paralyses the functions of the cells, and if this is continued the injurious action of the drug is produced. The contrary action has its place in treatment, but does not cure in the sense that Hahnemann used the term.

Looking back over the century we see medicine gradually giving up the heroic treatment and recognising the value of one medicine at a time, and that in much smaller doses, and we see it also recognising the necessity for finding out the action of drugs by pharmacological experiments, thus drifting, unconsciously as it might seem, towards the principles which Hahnemann was the first to lay down, and which are now found to fall into a line with modern physiological work.

## ON "THE MENOPAUSE."\*

By GEORGE BURFORD, M.B., and JAMES JOHNSTONE, M.B.,  
F.R.C.S.

Respectively Physician and Assistant Physician for Diseases of Women  
to the London Homœopathic Hospital.

## INTRODUCTORY.

Two or three years ago, the distinguished President of this Congress, in the course of his researches on arterial tension, directed our notice to the stress of the menopause on some abnormal vascular conditions, and asked for further facts from the gynæcological side.

In response to this request, we commenced our present original work, for on marshalling our facts we found the net product only scant; and on reviewing the literature of the subject, this further appeared jejune and arid.

Nor was this experience without parallel. A few years earlier, the most distinguished alienist in this country was investigating the psychoses of the menopause; and desiring to revise the work of others up-to-date, he repaired to the library of the Royal College of Surgeons. To his surprise, in that vast congeries of books he found absolutely no entry under the heads of menopause, or climacteric, or change of life.

Like this medical luminary, we have had to observe for ourselves much of what hitherto had not been worked out; and our principal results and conclusions we have the honour to lay before you to-day.

## THE ESSENTIAL GROUNDWORK OF THE CLIMACTERIC.

First then, what is the essential character of this epoch of the climacteric, this revolutionary change which at once blots out those functions hitherto dominating the physical life of the woman?

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\* Being the substance of a Paper read at the Annual Meeting of the British Homœopathic Congress, held at Leicester, on June 8th, 1899. It was our intention to have deferred further publication for the present, in order to amplify some of the sections containing original work. In response to renewed enquiries we have decided to publish the ensuing divisions as they were written. Certain sections—to wit, (1) The Significance of Pulse Tension at the Menopause, and (2) The Changes in the Composition of the Blood at the Menopause—are reserved for subsequent issue, owing to the delay requisite for the proper reproduction of the drawings and diagrams.

This Paper was illustrated by a series of lantern slides, diagrams, and a large number of pulse tracings.

It does not lie in the mere cessation of menstruation, for this is normal to the most active uterine cycle, to wit, gestation; and we have known conception to ensue where menstruation has never occurred.

Nor is it circumscribed by the arrest of the function of gestation, for this may occur at any time during the course of the reproductive life; one-child sterility, in fact, is a technical term of Continental gynæcology; and conception may also be negatived by local disease or defect, the other functions of the reproductive life continuing unimpaired.

Nor is the cancelling of ovarian integrity, in structure or function, the determining feature of the menopause. This cancelling may, indeed, be pretty thoroughly effected by bi-lateral disease, with no climacteric sign whatever. The normal climacteric actually precedes utero-ovarian change, being initiated before degeneration of these glands occurs.

The essential groundwork of the change is an ampler element; these, indeed, being but the outward and visible signs. It is no less than the self-initiated cancelling of the activity of certain cerebro-spinal centres; of those ganglionic centres, to wit, which maintain the activity of the reproductive sphere of organs and their cognate functions.

Such an occurrence is unique; there is no parallel to it in the history of the human organism. Apart from morbid change, a suppression of function commonly proceeds gradually, in direct relation to the progressive obsolescence of structure.

Here, however, in the heyday of its exercise, one of the leading processes of the organism is struck out in its entirety, the peculiar feature of the elimination being that the cancelling of the function precedes any obvious change in the organs involved. We, therefore, do not hold with those who regard the menopause, like presbyopia, as early evidence of the senile state. The senile change in other spheres is slow in its induction; here it is sudden. Moreover, senility is usually a distributed change, involving various areas of the body, if in different degree, yet simultaneously. Here we have an isolated quietus, often with no parallel tendency in any other part of the organism. We cannot, therefore, hold with certain recent authorities that advancing

senility is heralded by the menopause. Our own view is that the menopausal change cannot at present be brought into line with any other of the changes in later adult life. Though entire and final, it is a normal change, under favourable conditions connoting no morbid sign or symptom. This cannot be said of senile processes. It is an abrupt change, complete from its commencement—senile changes are progressive. It is an isolated change, under normal conditions bearing no relation to any morbid tendencies elsewhere; well-marked senile changes are commonly associated changes. Finally, it is a primarily central change. Senile degenerations in general affect nerve structures and functions *pari passu* with those of other bodily tissues.

THE GENIUS OF THE MENOPAUSE THAT OF A PHYSIOLOGICAL, NOT A PATHOLOGICAL, EVENT.

The pivot on which the whole right view of the menopause turns—a view that cannot be put too prominently or too emphatically—is *that the menopause is not a pathological change*. It is a physiological change—as physiological an event as the arrest of pregnancy at term; and it is no part of the scheme of nature for any morbid symptoms to be bound up therewith. Normally, in fact, the resources of nature are quite equal to the easy detachment of the reproductive from the circle of active working organs. In those primitive conditions where civilisation has not imposed its heavy due of disease-tendencies on adult life, there the menopause is correspondingly lightened of its stress and strain. For example, among the women of the North American Indians the climacteric has been observed to be exceptionally free from the nervous and vascular disturbances which affect more highly civilised races.

In the more unstable condition of adult life in civilised circles, the menopause is sometimes induced with no morbid sign or symptom. But as this requires a normal condition of bodily health, both pelvic and general, it is not surprising that a menopausal freedom from embarrassment is the exception and not the rule. Our observations have shown us that occasionally, even in modern life, the vital forces are not hampered in their tendency to the normal adjustment of the menopause.

This again is seen in those cases where without shock or disease the menopause commences in early adult life. We have known it to occur at 21, and again at 34 ; in the latter case, a single confinement seemed to have exhausted the reproductive centres.

We reiterate that in a normal state of adult health, and a normal condition of pelvic organs, the menopause appears without stress or disturbance, its onset being only known by a retrospect of the recent menstrual history.

Here, however, any critic may fairly enter a demurrer.

ON THE ORIGIN OF THE SYMPTOMS OFTEN ALLIED WITH  
THE CLIMACTERIC.

Whence then the great congeries of symptoms that ally themselves with the menopause—the heats and flushes—the cardiac irregularities—the mental perturbations—the gastro-intestinal troubles—the *tout ensemble* of impaired health and vigour ?

Why then the various hæmorrhages, the unnatural apathies or aversions, the recurring vagaries of abnormal sensation for a couple of years or more ? Are not these the signs and symbols of a chronic disease ?

But medical problems are commonly more complex than appears on the surface ; and many more factors, here, fall to be considered beside those mere end-results, the menopausal perturbations themselves. There is the actual condition of the pelvic organs, whether healthy or unhealthy ; infrequent are the instances that bear no vestige of the wear and tear of reproductive life ; and structural defects, as we hereafter show, resist the dissolution of the menopause in definite degree. There is the clinical-constitutional condition, with the *remanets* of past ill-health, with the oncoming changes which lower the vigour of adult life, the heightened arterial tension, or the uric-acid storm ; there is the late appearing taint of heredity, or the limited flexibility of new adjustment which marks the climacteric age. These and similar elementary facts foreshadow the conclusion at which we necessarily arrive, and a citation of representative cases will make the steps of the argument more lucid.

A lady whom we saw with our President was in the throes of early menopausal trouble ; the chief incidence being upon the nervous system. Insomnia sapped her

vigour, local pelvic irritation to an unbearable degree culminated in acute nerve crises, she was becoming thin and attenuated, and had developed a reliance on that treacherous friend of menopausal women, alcohol. Under treatment directed to the general condition, independent of its association with the menopause, these climacteric perturbations completely and permanently vanished, and the restoration to health was entire, the menopausal changes still proceeding.

Again, a lady of considerable intellectual power was sent to us with a curious history of mental alienation. Earlier in life she had a cerebral breakdown—religious melancholia being its prominent feature. In course of time she quite recovered. But it recurred exactly as before at the epoch of the menopause, progressively diminishing also on lapse of time. Later on, a threatening of its recurrence supervened, some eight years after the climacteric. Pelvic examination now showed a general fibroid state of uterus.

Finally a lady of Transatlantic origin consulted us regarding her health. The menopause had been initiated for a year and a half; but she had experienced absolutely no perturbation, not even the familiar heats and flushes. Inquiring more closely, we found that in earlier life she had been the victim of prolonged pelvic mischief, of which, with much trouble, she had been completely cured by Dr. Emmet, of New York, the last item being the operation that bears his name. But since this treatment her local and general health had been apparently without flaw. Even the menopause, as we have said, brought with it no disturbance. But a year and a half after, some anxiety on family matters caused repeated attacks of faintness, accompanying a high tension pulse. It is most notable that the menopausal stress, mitigated by the previous pelvic rectification, was easily adjusted by the organism, without any symptom. Yet the cardio-vascular system was sufficiently defective to show signs of distress on a quite moderate disturbance a couple of years later.

These three cases, types of a host of others, furnish us with the clues to a right understanding of the symptoms evoked at the menopause. Clearly and distinctly it stands out that, *As the previous life history of the patient, so is the character of the perturbations accompanying the*



*climacteric.* More particularly, the clinical-constitutional nature of the fourth decade fixes the character and defines the course of the menopausal troubles. But the ground fact, without which a comprehension of the menopause is halting and incomplete, is this: *The nature of the symptoms at the menopause is due to the epoch at which the reproductive life is abrogated.* Hereditary taints have begun to declare themselves; the circulatory changes of adult life, *e.g.*, the high arterial tension, and the various cardiac defects have shown their hydra-head, and the universally distributed assimilative and nutritive defects, of which uricacidæmia is the type, have for the most part come to stay. Now the menopausal symptoms, due to the hampering of the necessary menopausal adjustments, fall in with the chief constitutional defects which the course of years has evoked.

The fuller working out of the detail will be distributed among the ensuing sections of this paper.

#### THE CLINICAL-CONSTITUTIONAL DEFECTS AT THE CLIMACTERIC AGE AS DETERMINING THE NATURE OF THE SYMPTOMS.

Let us here subject the classical symptoms of the menopause to brief analysis. Foremost in frequency come various vascular perturbations, chiefly those known as "heats and flushes." They are present in about 60 per cent. of cases; in the remainder they are infrequent or entirely wanting. From our observations, we are inclined to the view that where these circulatory aberrations are most protracted, there chronic uterine defects exist. We have recently, through Dr. Clarke, seen a lady of some 70 years, in whom flushes and waves of heat have not been wanting from the initiation of the menopause, 20 years ago, up to the present date. The lady has been the unfortunate possessor of a bulky and displaced uterus during the whole of this time.

Next, cardiac perturbations bulk largely in the *ensemble* of climacteric woes. They occur, in one form or another, in approximately 45 per cent. of cases. They usually appear as tachycardia, or as palpitation with more or less irregular rhythm; or even pseudo-anginal seizures extending over some days may appear.

The cerebral perturbations, or psychoses, usually take a chronic and tolerable, less rarely an acute form.

Finally, gastro-intestinal and hepatic disturbances are frequent factors in the climacteric stress. Hepatic, or rather portal congestion, is even said to be normal to this epoch.

Other vagaries of all kinds and qualities, conditioned by the idiosyncrasies of patients, may appear to testify to the incidence of the climacteric upon the areas of least resistance.

Now, the conclusion at which we have arrived is, *That the nature of the symptoms is determined by the clinical-constitutional conditions at the climacteric; and that the rôle of local pelvic defects is to increase the intensity, not to alter the type, of the menopausal ills.*

The main evidence for the thesis that the *character* of the climacteric symptoms is due to the epoch at which the change of life occurs, we will present in brief:—

(a) The stress of the menopause is essentially a functional stress; the symptoms evoked are not due to organic change. The disturbances engendered subside, in the great majority of cases, as the menopausal changes become complete.

(b) But the parallelism between the usual scope of the menopausal disorders, and the main physiological declensions normal to later adult life, is too striking to be missed. Is the leading feature of the climacteric certain vascular or cardiac phenomena, fleeting if recurrent? We suppose there is scarcely a civilised adult, having reached mid-life, in whom, menopause or no menopause, a definite tendency to circulatory decadence is not more or less pronounced. Are troubles in the alimentary sphere, whether gastric, or hepatic, or intestinal, contingent upon the early stages of the climacteric? If there be during years of discretion one paramount defect in what Andrew Clark used to term physiological righteousness, that defect surely is the slackness of the digestive and assimilative processes, ranging from a more critical appetite up to the martyrdom of uricacidæmia. Probably few women escape the menopausal initiation without some psychical deflection, whether taciturnity, or unwonted aversion, or melancholia, or hysteria, up to even mania. The special and peculiar psychical instability of women during the reproductive life is well known to every gynaecologist and

alienist ; it does not fall out in the early years of the menopause ; it takes some longer time to allow that relative placidity and calm which usually marks the elderly matron. We have attended a lady in a veritable hysterical seizure, with all the signs of unstrung nerves and mental tension, years after the cessation of the periods.

Apart from these generalised morbid tendencies or constitutional defects, certain individual shortcomings are also evoked by the menopause. These are those characters of idiosyncrasy or heredity which come within the range of potential disturbance. Thus, we have already cited the case of a lady who had in earlier life suffered from an acute form of religious melancholia. She recovered, and some years elapsed between her recovery and the menopause. At this date a relapse occurred, characterised by the same symptoms and course, and also culminating in recovery.

Our late esteemed colleague, Professor Ludlam, long ago drew attention to certain hereditary taints—notably the predisposition to tubercle—which may be dormant in adult life, until accentuated by the menopausal perturbations.

(c) The direct continuity between previous ill-health and menopausal troubles is best seen, where more or less chronic invalidism co-exists with pelvic trouble in the decade after 40. Many a woman speculates on the nature of the climacteric now within measurable distance, not thinking, as Omar Khayyam puts it

“ You are to-day what yesterday

You were—to-morrow you shall not be less.”

In the persistent constitutional symptoms, reinforced by the pelvic troubles, the menopause is actually being foreshadowed, and its main features projected. Let us take for instance a chronic case of feminine ill-health, with pelvic defects, such as is of daily occurrence. There are the nervous irritability, fitful temper, and depression of spirits ; there are the impaired appetite, the defective assimilation, the chronic constipation, accompaniments of portal stasis ; there are the broken sleep, the persisting headache, the raised arterial tension, the palpitations—all, in fact, the counterparts of the usual perturbations of the menopause.

Another and antecedent stress—that of chronic pelvic disease—has forestalled the menopause in evoking the

same range of symptoms, in accentuating the same constitutional defects. Even heats and flushes, supposed the peculiar sequelæ of the menopause, we have repeatedly known to occur in pre-climacteric years. And now comes the change of life, with its nervous and pelvic re-adjustments, hampered and withstood by the nervous, vascular, assimilative defects already in vogue. These determine the type of the menopausal symptoms, and a direct continuity of ill-health is established, differing in degree, not in kind.

Clinical cases embodying this clinical history are frequent; and while nature seldom provides us with a flawless demonstration, what is obscure in one case is made lucid by another, and so an available generalisation is contributed to by all. That generalisation is the subject of a later section.

#### THE CONDITION OF THE PELVIC ORGANS DURING THE PRE-CLIMACTERIC STAGE, AS INFLUENCING THE MENOPAUSE ITSELF.

More direct and more demonstrable is the controlling influence of pelvic conditions on the menopause. This influence permeates the whole menopausal cycle; first, certain pelvic disorders *defer and delay* the menopause years after the time is ripe; next, most unmistakable is the domination of uterine lesions over the *duration* of the menopausal perturbations, and also over the intensity of the constitutional symptoms.

It is almost dramatic to watch the continued resistance of pelvic disorders to the menopausal onset. Foremost among these opponents are *uterine fibroids* that bleed. As the average time for the menopause advances, the unhappy sufferer is buoyed with the expectation that the *terminus ad quem* of her infirmities is within measurable distance. In vain: year after year continues with the uterine flux unabated, until at 52 or 55, or even later, the hæmorrhage ceases, having successfully defied the institution of the menopause years beyond an actuarial expectation. Here is the history of such an one:—

A lady of 54 has been conscious of a fibroid tumour for 17 years; during the last six of which her troubles have been at a maximum. The hæmorrhages have been profuse, she has suffered much from headaches, and has a variety of the usual pelvic symptoms, *e.g.*, backache,

local pain, piles, varicose veins, &c. Her periods have continued practically up to the present, though of late there has been some irregularity in their onset. As though nature had not burdened her enough, art has stepped in and further inflicted 105 applications of electricity, à la Apostoli. Fancy, over a hundred sittings for this treatment! Net result, *nil*. She is wearied of her symptoms and her limited life of chronic invalidism which seems unending.

More important, because more frequent, is the part played in the postponement of the menopause by *chronic metritis*. As in the case of fibroids, the unhappy sufferer patiently waits for the menopause as a panacea for her troubles, not knowing that the nature of the lesion is itself postponing her betterment. This is a specimen case:—

A lady æt. about 52, still quite regular, with copious period, and constant pain, has for some years suffered from menopausal symptoms, while vainly expecting menopausal relief. She has had transitory nervous vagaries, of sensory type; her headaches are constant and throbbing, worse on lying; her heart is fluttering and irregular; constipation is present; her whole life is a life of chronic invalidism. Pelvic examination shows the uterus hypertrophied, the appendages chronically enlarged, the pelvic supports of no avail, and the pelvic organs only artificially restrained from extrusion. Here the state of the pelvic organs we regard as the principal factor in obstructing the onset of the overdue menopause.

But the most important rôle of uterine defects at the climacteric is in *prolonging the duration, and heightening the intensity, of the constitutional troubles at the menopause*. This element, indeed, the element of normal or abnormal uterine condition, is far and away the most influential in determining the severity and protraction of the menopausal perturbations. It does not determine the type of the menopause, the range of the symptoms; but for the duration, for the severity, perhaps even for the occurrence of menopausal symptoms, chronic pelvic defects, chiefly uterine, are responsible.

We could cite innumerable cases illustrative of the direct influence of pelvic conditions on the menopausal character and duration. Subjoined is a short selection.

(a.) A patient at 70 has passed the climacteric by some 20 years. But the heats and flushes, initiated at that time, have never since left her. Locally we found, even at 70, a hypertrophied bulky uterus, with a tendency to prolapse. Even up to now the uterine tissues had defied the dissolution of the menopause, and had been a persistent source of reflex irritation.

Another case we have watched with some care for five years past. The patient came to us in 1894, having just commenced the menopause. She had had a long pre-climacteric stage, the upshot of which was, not in this instance to defer the onset, but to disturb the course of the menopause. The pelvic condition was, and had been for some time, chronic metritis with leucorrhœa, and some prolapse.

For over five years this patient has had menopausal perturbations recurring at frequent intervals. Heats and flushes still persist—markedly up to recent date; headaches were pretty constant, of the throbbing type, until subdued by glonoine; she has pelvic pain, and a chronic sense of weakness in the back; sleep defective, and a skin trouble of late, for which she has been treated by Dr. Epps. The pelvic symptoms are slowly vanishing, and I attribute the unusual duration of the menopausal perturbations to the irritation proceeding from this recalcitrant area.

In yet a third instance, the periods finally ceased three years ago, after irregularity for a couple of years. The patient is single, and aged 44. Her neurotic symptoms are numerous and various—so much so that until recently she has felt unable to take a situation. Nervous all her life, she has been much more so since the climacteric. Headaches, dyspepsia, and pelvic pain add detail to the gloomy picture. Vaginal examination showed the uterus acutely retroflexed and bulky; the organ was replaced, and a pessary inserted. She has of late been better, and able to take active part in the duties of life.

Long ago Schroeder observed that many women with chronic uterine trouble looked forward to the menopause as promising a cessation of their suffering; he naively hinting that it did not always appear to fulfil their expectations.

Concerning the whole question of a pre-climacteric stage, we had the advantage last year, while in Berlin, of bringing the subject to the notice of Professor Aug. Martin, and hearing his views. He at once agreed to the existence of a definite pre-climacteric term, as controlling the time and nature of the menopause, adding that the disturbing agencies were pelvic defects, and stating that when a *restitutio in integrum* had been effected, the menopausal character was normal.

Our own observations induce us to allow for a constitutional factor also, in the mainsprings of the menopausal troubles; and our views may be expressed in these two propositions:—

(1.) That the clinical-constitutional factors in the pre-climacteric stage, condition and determine the character of the varied menopausal symptoms.

(2.) That the organic condition of the uterus and appendages during the pre-climacteric term affects,

(a.) The *time* of the onset of the menopause.

(b.) The *protraction*, and the *intensity* of the symptoms. More briefly, the concurrent constitutional conditions determine the character of the symptoms; the local conditions, their duration and intensity.

#### THE PRE-MENOPAUSIC STAGE.

Who has not been asked by ailing women to give some clear forecast of what is in store for them at the menopause and after? And who has been able to prognose save in vague generality as to the stress of the unsettlement or the permanent result of the crisis?

We now propose to supply a definite criterion by which the course and results of this epoch may be clearly forecast. This has been for us a very interesting original research. We found absolutely neither literature, nor views, nor observations on this important problem. It was this, indeed, this necessity of definitely prognosing how the menopause would affect a patient, that gave the impetus to our investigation of the question.

Two factors conjointly determine and fix the character of the menopause, the state of the pelvic organs on the one hand, and the clinical-constitutional history on the other hand, *during the decade terminating in the change of life*. To this decennium we give the title PRE-MENOPAUSIC OR PRE-CLIMACTERIC STAGE; for the character and

results of the menopause are formed and fashioned by the course and events of this pre-climacteric term. The type and the detail of the menopause are determined, for the majority of women, by conditions of the pelvic organs, and clinical-constitutional states persisting after the age of 40. Both of these factors enter into the construction of each menopausal history.

If any climacteric, more perturbed than usual, be studied, it will be found that the patient has had a definite clinical history. If this clinical history be further examined, it will appear that the years after 40 have played the chief part in fixing the character of the climacteric. This holds good for local and constitutional defects alike.

A lady of 46 years consulted us some time ago for general ill-health of a pronounced character. Headaches, insomnia, loss of appetite, depression of spirits, inability to walk without fatigue or pain, constipation; these and other symptoms made up the well-known *ensemble* covering some years. Her local defects were a prolonged and copious period, burning pelvic pain, bearing down sensation, and on examination, a big and bulky uterus, prolapsed, and a perinæum of no value. The menopause occurred between 49 and 50. Three years after this, she comes again to recount her difficulties, which are identical in nature with those of the pre-menopausal years. Her nerves still are wrong, insomnia is a great bugbear, there is more or less constipation, also backache, and sensation of weight at the back of the head. On walking she has a sense of entire loss of support. These are only a selection from her copious *repertoire*, the range of which was similar to that in several pre-menopausal years.

Another case. A patient at eight-and-forty comes complaining of ill-health for several years. Her symptoms are partly local, partly constitutional. She has had for a long time pelvic pain, still existent, dragging and bearing down in type; also headaches, epigastric sinking, eyes that feel bruised and sore, flatulence, constipation. These are chronic troubles. Heats and flushes and perspirations are late additions. Pelvic state, chronic metritis, leucorrhœa, prolapsus. This was in 1894. Menopause just begun.



Five years later the morbid symptoms, less marked, are still on the same lines. There are still frequent headaches, heats and flushes, hands hot, feet cold, diffused throbbings, irritable skin. But the pelvic condition has undergone decided improvement; and *pari-passu* with this the systemic troubles have tended to lessen.

We are now engaged in supervising a case where a well-marked, pre-menopausal stage exists. The lady is 46. She has had fairly good health up to 40, when from no obvious cause, the constitutional symptoms already outlined began to accrue, together with uterine troubles. The local condition is that of chronic metritis; there is no displacement. But any exertion brings on acute local pain and distress. Her psychical condition is that of alternate depression and irascibility; her sleep has been irregular, and her constant sensation, that of inability to think. Appetite precarious, flatulent dyspepsia, high tension pulse, occasional cardiac distress, and fleeting tingling and numbness down the left side. This lady had consulted a well known gynæcological baronet, but to no avail; she has now been under our supervision for some time. On the whole she has gained ground, and will continue to improve after the menopause changes are completed. We augur for her a menopause of the same type of symptoms as at present. The range will be somewhat extended during the process of the central nervous re-adjustment. In course of time, this added stress will abate, and the pelvic organs will have ceased to purvey irritative impulses. But the main constitutional defects—the vascular tension, the psychical instability, the defective assimilation—these will be permanent factors in her life, always requiring to be kept well under control by a well-ordered routine, and therapeutic aids.

#### THE CARDIO-VASCULAR PERTURBATIONS AT THE MENOPAUSE.

As regards the vascular phenomena so prominent in climacteric troubles, our investigations further endorse our principle of the essential continuity of the menopause with the pre-menopausal state.

If the menopause is entered upon with a fairly healthy condition of heart and vessels, the characteristic of these

circulatory troubles is that they are not permanent; they are not due to organic change, and in the great majority of instances entirely subside, so soon as the nerve re-adjustments of the menopause are fully completed.

But where the heart and vessels are not acting normally, the menopause appears as additional stress, and may induce or increase various circulatory defects. Even then, for the most part, any new symptoms, so far as evoked by the menopause, will ameliorate or disappear as the change of life becomes completed.

Why circulatory aberrations figure so prominently in menopausal difficulties is, we take it, because of the epoch at which the menopause arrives—an epoch when, menopause or no menopause, the flexibility of the adjustment of the circulation in both men and women has begun to wane.

Consequently, the vascular symptoms at the menopause vary in different individuals.

We reiterate that there is every evidence that, under normal conditions, the menopausal re-adjustments can be readily assimilated without any obvious turmoil. But all the authorities, including you yourself, sir, emphasise the dominant tendency of adult life to vascular defects, first functional, ultimately organic. This is the groundwork on which the climacteric circulatory perturbations are based; *for the menopause can only react on those vascular defects which it finds already to hand.*

#### THE PHYSIOLOGICAL VALUES OF THE MENOPAUSE.

There have not been wanting attempts to find physiological values for the menopause. No progress, indeed, can be made without some working hypothesis, providing it does not pose as a final statement. In our view the facts are best unified by considering the menopause as a neural crisis. The ganglionic centres of reproduction, having run their cycle of activity, fall out of co-ordination with the nervous system, and cease to functionate.

It requires about a couple of years for these ganglia to become obsolescent; and irregular nervous discharges, through unwonted channels, attest the difficulty of the organic redistribution. The difficulty, as instanced earlier, is due to the suspension of the functions, long

prior to the virtual dissolution of the presiding nervous structures. During the slow decadence of these, it is obvious how readily nervous balance may be upset. From the local side, the presence of deranged pelvic conditions is a constant source of irritation. From the constitutional side, the various organic defects of later adult life, *plus* a loss of flexibility of adjustment to new conditions, make the transition-time halting and pathogenetic. The menopausal state, then, is essentially a state of unstable nervous equilibrium. *The menopausal symptoms are the indices of those organs and tissues least able to bear the stress of nervous re-adjustment.*

Of late, from the analogy of the thyroid, an internal secretion has been attributed to the ovary; and the change and the phenomena of the menopause ascribed to the cessation of this internal secretion. Of this suggestion, apart from the initial difficulty that it does not explain why the ovarian secretion should suddenly cease, and ovarian activity in the form of ovulation still continue—of this suggestion it is sufficient to remark that it does not correspond to the facts.

#### CERTAIN INDICATIONS FOR TREATMENT.

We trust that for ever exploded is the pernicious idea that morbid symptoms or morbid conditions are *normal* to the menopause; that hæmorrhages or palpitations or psychoses are physiologically necessary, or part and parcel of the menopausal scheme, or that these and other menopausal maladies may safely be left to the lapse of time for self-rectification, and dismissed with the flippant sophism, "It is the change." That way, in our experience, destruction lies.

Additional validity and weight is given to the views we have expounded, in that the treatment of the menopause falls into line with the homœopathic rule of treating the totality of the patient's condition, and not merely any present issue. These views regard menopausal troubles as but the end-results of morbid conditions still extant. They require, therefore, the treatment of the persisting undercurrent, as well as of the present perturbation.

1. *The supervision of the pre-climacteric decade.* Here is, practically, the menopause in the making, and with the regulation of this crisis in view, there must be a more thoroughgoing rectification of constitutional defects,

and of local conditions, than has hitherto been deemed requisite.

To this end we lay less stress on the gross forms of bodily disease, but rather on the heightening vascular tension of advancing years and its morbid results; on the undercurrent of uricacidæmia and its cumulative morbid issues; on rheumatic affections, and their tendency to change their venue at the climacteric. We lay great stress on melancholia or fits of depression in later years; these, if associated with uterine defects, will certainly work woe at the menopause; and, finally, we should lay the axe to the root of the gouty stem, for in the various gouty developments of the pre-climacteric term, we have the certain forerunner of troubles on the initiation of the climacteric itself.

Now, this means well-adjusted prescribing; but it also means a great deal more. You must insist on a more simple and a more uniform dietary; on a definite lessening of anxiety and worry; on a fairly frequent change of air and scene, with complete relaxation; on a judicious development of bodily exercises, such as Swedish movements or bicycling, or, best of all, horse-back riding; on the stimulus derived from saline baths, whether at home, in Britain, or on the Continent; and finally, but firmly, on the strict limitation of the supply of alcohol, or tea.

None but practised diners-out have any adequate idea of the amount of absolute alcohol women of the upper classes often daily ingest. None but those who have conducted club practice have any adequate idea of the quantities of tea, women of the working class will consider their daily due.

But these, say you, are counsels of perfection. The greater number of women cannot avail themselves of aids such as these. What is, then, practicable as protection for the majority?

We have already cited the high authority of Professor Martin as laying great stress on the part pelvic lesions play in the troubles of the menopause. Here, then, is the practicable alternative, or, better still, the supplement, to readjustment of conditions of stress on the constitutional side.

Search for, and rectify, with thoroughness, any pelvic lesion in women whose pre-climacteric stage is pro-

nounced. A defective perinæum should be restored to the normal. A uterine displacement should be rectified and the organ retained in proper position. The cervix uteri, the chief scene of puerperal difficulties, most often requires assistance for its *restitutio in integrum*. The hypertrophy of chronic metritis, with its accompanying endometritis, is a powerful opponent to a normal menopause, and has to be reckoned with in the assurance of the future. And graver lesions, *e.g.*, tumours of the uterus, for whose relief the beneficent influence of the menopause is invoked, have an unpleasant way of deferring and distorting the action of this panacea. The personal history of each case of fibroid tumour requires to be studied in detail, so as to be forewarned against avoidable accesses of hæmorrhage or pain.

The *therapeutics* of the pre-climacteric stage must go hand-in-hand with the local rectifications, and with the re-adjustment of the routine of daily life. Needless to say that the therapeutics must be as various as the constitutional defects, and also thoroughgoing and repeated. Mere symptom-covering is treatment which is not even an attempt at cure. Without covering the whole range of possible prescribing, we will call especial attention to three items of paramount service.

The sleeplessness often seen at this time we have found well controlled by gelsemium, or chamomilla in higher dilution. Both remedies have served us remarkably well, and for introduction to the value of the latter we express our acknowledgments to Dr. Dyce Brown.

Where, with uterine defect, a vascular condition evidenced by limited range of the sphygmographic needle exists, we have found strophanthus a prince of remedies. In the distant future we may publish our cases showing where uterine troubles have been effectually treated from the cardiac side; but here we may outline the condition as that of hypertrophy of the uterus, with the constitutional symptoms of chronic metritis *plus* a pulse whose tracing is that of limited amplitude; here strophanthus in minute doses, lessened rather than increased, often works wonders.

The cases are few where remedies germane to hepatic or portal troubles will not be repeatedly required.

2. *On the Treatment at the Climacteric Epoch.*  
In its broadest outline, proper management applies

itself to facilitate the readjustments of the nervous centres during this epoch ; readjustments which should proceed with no let nor hindrance.

Specific symptoms, cardiac, vascular, cerebral, gastro-intestinal, not only call for removal, but act as indices of the areas whose vigour is already on the wane. On to these the stress of the menopause predominantly falls. It cannot be grasped too clearly or stated too lucidly that the various morbid symptoms concurrent with the climacteric, are symptoms educed by the flagging inability of the parts involved to withstand the menopausal disturbance.

So to the requisite alleviation of the symptoms there must further be appended the rehabilitation of the vigour and vitality of the corresponding organ or system.

Heats and flushes thus require, after their check by vaso-dilators such as glonoine, amyl nitrite or lachesis, the general redress of the implied circulatory defects—*e.g.*, of persisting high tension or debilitated cardiac muscle, or the abolition of reflex disturbances issuing from other defective organs.

The cerebral symptoms, whether acute or tolerable, require not only the relief of the present troubles, but also the effective treatment of the persisting defect, whether this be due to innutrition, or recurring uricacidæmia, or reflex disturbance from the pelvic system, or inherent morbid states of the cerebral tissues.

So also with gastro-alimentary crises or deficiencies ; the symptoms as symptoms require treatment, the underlying morbid states require cure.

Thus, in the menopause, the symptoms are simply end-results, and tend to recur, unless the predisposing groundwork, which gives the direction to the menopausal manifestations, also comes under the control of the physician.

Here is a concrete illustration of our argument : A lady, in the throes of the menopause, with a very marked pre-menopausal history, had been quite ineffectively treated by the usual and sterile plan of expectancy and symptom prescribing. She consulted the President, who found her in a parlous state. The symptoms were, as is usual in severe cases, mainly of one type ; in this instance, the neural. Insomnia was pronounced, as also an instability of spirits and temper quite foreign to

her former character. Alcohol had been invoked, and freely, with the usual result of adding fuel to the fire. Gouty symptoms, of the constitutional type, were too numerous to mention.

But the most distressing feature was recurring attacks of pelvic irritation, chiefly during the night, and which were attended by a variety of associated symptoms.

It was wisely determined to carry out treatment for the purpose of heightening the nervous tone, as well as cancelling the individual symptoms, and the patient was removed to a *cheerful* nursing home. At this juncture we met the President over the case. After careful consideration, we concluded that the pelvic crises were of the same type, and due to the same cause, as the psychical symptoms. Hot baths were ordered, at any hour of the day or night, whenever the pelvic stress recurred; and these were taken sometimes thrice in the four-and-twenty hours. Full massage was ordered, an appropriate dietary planned, and every trace of alcohol strictly forbidden.

The net result was that, the causes being successfully combated, the symptoms were relieved; the progress was gradual but unbroken; and within six months, the nervous, querulous, asthenic, patient was transformed into the best type of English lady, with no vestige of her former ailments save the recollection. Concerning adjuvant measures in the treatment of the climacteric, we could discourse at length. But, briefly, we lay most stress on the following:—

The frequent institution of change of air and scene; often, rather than prolonged.

The entire omission of alcohol from the dietary.

The frequent use of hot baths at night, unless definitely contra-indicated by disease.

The avoidance of anything calculated to increase vascular tension.

The avoidance of mental stress or anxiety, as likely to induce hæmorrhage.

Under the head of "remedial measures" we wish to draw attention to a point of practice concerning actæa. Where undue protraction of menopausal symptoms occurs, or where their stress is acute, actæa is distinctly indicated as a paramount remedy. In most cases, pelvic

conditions will be found to be responsible for this disproportionate stress or duration ; and this again justifies the use of actæa. But if morbid pelvic states are only suspected, and prolonged or accentuated menopausal troubles occur, still actæa will in many cases do excellent service.

Concerning the strophanthus pulse as conditioned by the nervous embarrassment of the climacteric epoch, we have nothing more to add.

The liver and all its works should never be out of consideration during the climacteric treatment ; we have known menopausal headaches to quite disappear by appropriate hepatic medication, and this should be prolonged rather than forcible. We also have known the most persistent of headaches to concur with unsuspected gall stones about this time of life.

It is neither desirable nor necessary in so skilled and experienced an assembly as this present, to be more prolix concerning specific indications at the climacteric for therapeutic measures. Our object has been rather to widen the sphere of observation and enlarge the outlook by which these indications are obtained. No homœopathic practice is worthy of the principles which animate our chairmen's addresses, unless it includes the constitutional conditions as well as the present symptoms in its scope of consideration. We have endeavoured to show that the menopause naturally, and by right, falls into line with other chronic conditions where constitutional states, reinforced by local defects, determine the character and control the amplitude of the symptom range. Not only does the natural history of the crisis warrant this view ; not only are the scattered and separate symptoms thus unified, and coherence given to disjunction ; not only does it give us what is necessary for the physician as for the statesman, an intelligent anticipation of events before they transpire ; it enlarges our scope for the cure of disease ; it increases our power for the obviation of ill-health ; and so we commend its consideration to you who are honoured fellow-workers in the noblest of the liberal professions—the healing of the sick.



After luncheon,

Dr. HAWKES said he was sure they all, in common with himself, had greatly enjoyed the paper to which they had had the privilege of listening. At the outset he might say for himself that the paper gave one very very much to think about. The one lesson above others which remained in his mind was to this effect, that if those pelvic lesions so aggravated the menopause, how very important they come to be when they appear in middle or comparatively early menstrual life, and how incumbent it was upon them as practitioners, and upon the woman concerned, that they should be attended to, and thus modify by anticipation the suffering in store for those subject to it. He could say that the sufferings at the time of life referred to were nothing like so great as those met with in the active menstrual time, and he had met with the aberrations of intellect, but to nothing like the extent the readers of the paper would seem to have done. He was a little taken aback by the reference to cardiac symptoms. Either he had overlooked them, or they must be much more rare in the cases he had seen. He called to mind one patient who suffered from cardiac trouble, but in that case there was no pelvic lesion. Happily, the homœopathically indicated remedies were useful in alleviating the minor troubles of menstrual life. As to himself, he came as a learner, and he would go away having learned a great deal. He would take quite a different kind of interest in that class of patient in future, and he hoped, although he had added nothing to the knowledge on the subject, that as regarded himself he might have laid in a store, which, if ever it came to anything, he would lay before the Congress. (Applause.)

Dr. DYCE BROWN said he thought the paper was the best they had had for a long time. It had dealt with the physiological view of the subject in a manner such as they seldom could see that particular disease treated. The views expressed were in accordance with those he had held for many years. He thought it extremely interesting to watch the varied symptoms, and he thought the two essential elements in the causation and in the nature of the symptoms produced were local lesion and the constitutional condition. It would be seen that for sometime before any real cessation of the periods takes place there was the pre-menopausal condition, and frequently he had noticed patients with pre-menopausal symptoms; they should be watched, and their conditions modified so as to make the menopausal trouble comparatively easy. The paper had, he thought, been of great service in bringing forward this important point, that we should study

more the constitutional symptoms and conditions, and treat it not merely as a routine trouble. (Applause.)

Dr. DUDGEON said it would ill become him with no more experience than that of an ordinary practitioner to criticise in any way the paper from the able hands of Drs. Burford and Johnstone; it was an extremely interesting and original paper. But he had a little criticism to make with regard to the sphygmographic exhibits. He considered it erroneous to think that one could obtain any information from a sphygmogram taken with different pressures. In ordinary patients with different pressures you could obtain a great variety of figures, and in the sphygmograms exhibited the tracings made under low pressure contrasted with those under high pressure are not instructive. As he had said in his little work on the instrument, the proper sphygmogram of the pulse is that which shows the highest tracings under the highest pressure. Therefore the comparisons of two different pressures taught nothing at all, and, as far as he could see from the tracings, most were variations of a normal sphygmogram, and were not very enlightening. The sphygmograms taken during the menopause did not show any great deviation from the normal tracing. The difference in the sphygmograms under different pressures were only owing to mechanical action, they merely showed the difference of the height to which the sphygmographic needle would rise when the pressure was varied. He was sorry to say the sphygmograph was not an instructive instrument with regard to the changes in the circulation during the menopause. In other respects, he had nothing but admiration for the paper and for all the original and very instructive matter that the authors had collected. All could not but acknowledge that new views had been thrown out by the authors with regard to that menopause which is such an important period of a woman's life. He might say with regard to the continuance of the menopause that he had had instances in his own practice where the peculiar flushings, accompanied by disturbance in the circulation, continued to a very remote period of life. At the present time he had a lady under his care who has flushings, of a most intense character, and she is in her 68th year, and she has never been without them since the menopause commenced more than twenty years previously. (Applause.)

Dr. CASH REED said he would like to add his testimony to the value of the excellent paper, one which he considered a classic. (Applause.) Reference had been made by one of the writers to some conversation he had had with Professor Martin with regard to the menopause and as he happened to be present at that

particular time the incident was peculiarly interesting to him. He would like to observe that he had been making a few notes which had a certain amount of bearing on the subject of the paper, and they had reference to 20 cases of fibroids which had occurred in his own practice. He noticed, in one or two notes which he had made, that there were points which bore on the cessation or modification of the periods at that time of life dependent on the condition of the pelvic organs. Some were pathological instances of the menopause. With regard to the *Apostoli* treatment, although it did not bear on the primary object of the paper, he would like to say he could not take such a pessimistic view as the writers had done. His experience was very much more limited than that of Drs. Burford and Johnstone, but he had noticed amongst other things with regard to fibroids that in the application of the *Apostoli* treatment there were distinctly less symptoms observable, far less feeling of weight, the hardness was less, there was less resiliency, the tumour got smaller, although he believed the hæmorrhage was sometimes increased, and on examining a case thus treated the other day he could scarcely find any trace of tumour. (Applause.) One would have been interested, had the scope of the paper permitted, to have heard what one could do under certain conditions in the menopause. He had been much impressed by the fact that although the fibroid tumour may not give rise to any symptoms at first, yet in a comparatively short time it may occasion such alarming symptoms that one regrets that one should not put it to the patient under some conditions as to whether the tumour should not be removed. He mentioned that because in one case the fibroid present was giving rise to no symptoms except that there appeared to be some mechanical obstruction to defæcation, due to enlargement of the ovary. The trouble occasioned by the fibroids was removed, giving rise to complete and immediate cessation of the symptoms, and the patient has been well ever since. (Applause.) There was another case he saw the other day. This was a fibro-cystic tumour, which a few years ago a surgeon had intended to remove, and had made every preparation for doing so. But he died suddenly and the tumour was not removed. It is now of such a size that nothing can be done. Had it been removed in the first instance the patient might be doing well now. He quoted a second case, that of a lady who had considerable pain due to fibroid, and was admitted to the hospital, when it appeared to arise from old adhesions to the sigmoid flexure. The patient was in distressing pain, and only by the help of mechanical means could she get relief, and this was complete. These cases

he mentioned, not because he wanted to be wide of the mark, but because he felt it would be a great help to have definite and distinct rules to go upon with regard to such cases. (Applause.)

DR. GALLEY BLACKLEY said that one of the most interesting points raised by the authors of the paper was that contained in the statement that where the menopause is uncomplicated all the abnormal symptoms pass off without leaving any tangible evidence behind. He imagined, however, that the authors hardly looked upon cases where fibroids existed as uncomplicated, and thought such cases had better be dropped out of the discussion. Another interesting point was in the reference to "uric acid storms," as occurring at the time of the menopause. The whole question of *uricacidemia* (as it is popularly and most barbarously called) had, as we knew, a very important bearing upon the question of increased pulse tension, but he thought that here, too, was a point which might fairly have been left out of the discussion, for the very good and sufficient reason that the phenomenon ("uricacidemia") was by no means confined to the female sex, but occurred with much greater frequency in the male sex, at about the same age as the menopause takes place in women, being, in fact, an incident of age and having no bearing upon the cessation of the menstrual function. With regard to the pulse tension in the various patients spoken of by the authors, he was bound to say, with all deference to our dear old friend Dr. Dudgeon, that he agreed in the main with the authors of the paper. Dr. Dudgeon was, he thought, just a little too apt to decry the merits of his own sphygmograph; indeed, he had an idea that Dr. Dudgeon once said "sphygmograms were very much like statistics—they could be made to prove anything." Many of the tracings they had seen exhibited that morning were evidently very far from being normal tracings. He (Dr. Blackley) would go even further than the authors of the paper, and regard the majority not as evidence of "virtual," but of "actual increase of tension." They certainly were such tracings as one is accustomed to see very commonly in cirrhosis of internal viscera, particularly of the kidney, where no possible doubt can exist that the vascular symptoms are those of high tension. There was a prevalent idea that a high tension pulse gave invariably a tracing with the apex "lopped off." This he found to be altogether erroneous. He had had a case under close observation for several years where, with all the symptoms of granular contracting kidney, the pulse tracing was particularly sharp at the top, its great peculiarity lying in the fact that with the full 5 ounces pressure (on Dudgeon's

sphygmograph) the tracing occupies the whole width of the ordinary paper. The thought had, in fact, struck the speaker repeatedly whilst listening to the paper that the vascular symptoms occurring at the menopause resembled very closely those peculiar to cirrhotic conditions with high tension, differing only in being transitory and not permanent. Even in genuine cirrhosis of the kidney and other internal organs, the character of the pulse-tracing appeared to depend very largely upon the balance kept up between the hypertrophied heart and the peripheral vessels.

Dr GOLDSBROUGH said he would like to make a few remarks from the point of view of the nervous system, but he first thanked the readers for the excellent paper, especially with regard to the emphasis laid on the two points, that the fourth decade is particularly important in the life of a woman ; and also with regard to the pulse tension. He would remark in passing that in using the sphygmograph the same pressure in different individuals must of necessity give information with regard to the pulse, and they could use different pressures in one individual, and in different individuals the same pressure must give different information. About a year ago Dr. Burford asked him to make some investigations as to the influence of the menopause upon diseases of the nervous system. He thought about it and did a good deal in looking up the literature on the subject, but he was very disappointed to find that the literature was entirely bare except in one or two instances. He would mention that mental alienation is more common in women at the time of the menopause than at any other time, and functional nervous diseases are very common ; but to organic nervous lesion he could find no reference in connection with the occurrence of the menopause. The probable reason was that the functional range in nervous disease is much wider than in others, *e.g.*, vascular lesions, while nervous lesions came more prominently before our notice at the next decade of life, and were very common between 50 and 60 years of age. (Applause.)

Dr. HAYLE said the paper was extremely interesting. He wished to refer to two classes of cases. The first was with regard to epilepsy connected with the menopause. Did the readers of the paper consider such attacks would pass off as the menopausal troubles appeared ? He wanted to have the probable prognosis of such cases. Then the other question was with regard to three cases of myomata under his care, which the patients absolutely refused to have operated upon. More or less severe hæmorrhage had been present, kept in check by homeopathic remedies. All were now nearly well and the

fibroids withering. In such cases what should be done? Would it not be often better to wait patiently, treating the patient homeopathically for the flooding instead of always operating.

This being the end of the discussion,

Dr. JOHNSTONE said: I think we will not make any attempt at reply. We will take note of the various matters spoken of, and probably at some future time we may be able to elucidate the various points of difficulty. We heartily thank you for the long forbearance exercised in listening to the paper. We should also like to express our thanks to the various members who co-operated with us in the paper, particularly Dr. Galley Blackley for his examinations of the blood; to Dr. Wheeler, our clinical assistant at the hospital and to others; to Dr. Moir and Dr. Goldsbrough. (Applause.)

## MEETINGS.

### THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of British Homœopathic Practitioners was held at Leicester on the 8th of June. The members assembled, by the kind permission of the Mayor and Corporation, in the Council Chamber at the Town Hall. There were present Dr. Byres Moir, of London, the President, who was supported by the Mayor of Leicester (Dr. George Clifton), Vice-President, together with Dr. Dudgeon, Dr. Dyce Brown, Dr. Galley Blackley, Dr. Burford, Dr. Neatby, Dr. Goldsbrough, Dr. Epps, Dr. Roberson Day, Mr. Knox Shaw, Mr. Dudley Wright, Mr. Johnstone, Mr. Gerard Smith, Mr. Black Noble, Dr. MacNish, Dr. Bennett, Dr. Newbury, Dr. Süss-Hahnemann (London), Dr. Wolston (Edinburgh), Dr. Pope (Tring), Dr. Hughes (Brighton), Dr. Gibbs Blake (Birmingham), Dr. Hayward, Dr. John Hayward, Dr. C. Hayward, Dr. Hawkes (Liverpool), Dr. Proctor (Birkenhead), Dr. Mason, Dr. E. Capper (Leicester), Dr. Clifton (Northampton), Dr. Blackley, Dr. Storrar (Southport), Dr. Douglas Moir (Manchester), Dr. Murray (Folkestone), Dr. Hayle (Rochdale), Dr. Madden (Bromley), Dr. E. Williams, Dr. Nicholson, Dr. Bodman (Clifton), Dr. Croucher (St. Leonards), Dr. A. H. Croucher (Eastbourne), Dr. Collins (Leamington), Dr. Hawkes (Ramsgate), Dr. B. W. Nankivell (Bournemouth), Dr. Cash Reed (Plymouth), Dr. Roberts (Harrogate), Dr. Burwood (Ealing), Mr. C. J. Wilkinson (Windsor), Dr. Gilbert (Reigate), Dr. Green (Wimbledon),

Dr. Hamilton (Newcastle), Dr. P. Capper (Tunbridge Wells), Dr. F. Clifton (Sheffield), Dr. Pritchard (Dewsbury), and Mr. Corbett (Doncaster).

In addition to the foregoing several visitors were present during the delivery of the President's Address, with which the proceedings of the Congress were opened. This Address appears at page 388.

At its conclusion—

Dr. POPE rose and said: Mr. Mayor, ladies and gentlemen—I rise with great pleasure to propose that a very hearty vote of thanks be tendered to our President for the admirable address he has given us. We have been extremely interested in and gratified by it. It has brought to my mind a forecast which the late Dr. Chapman, of Albemarle Street, made to the late Dr. Ryan, about 40 years ago. They were discussing the future of homœopathy, and Dr. Chapman said, "Before the majority of the profession recognises the truth of homœopathy, it will have to be discovered over again." It seems to me that, however unconsciously, Professor Hueppe, of Prague, has commenced a process of that kind. The further he proceeds along the lines he has been experimenting on, the more completely will the therapeutic principles of Hahnemann be vindicated, and the more thoroughly will our position in having accepted those principles, tested them, and proved their truth by clinical experience, be justified. The address has been, as I have said, extremely interesting, and will be, I believe, very useful. I move that hearty thanks be given to Dr. Moir. (Applause.)

Dr. ARTHUR CLIFTON said they all knew they would have a very admirable address from their friend, Dr. Moir. All who heard the address had been highly gratified. They were proud of it, and proud of the man who had given it. (Applause.) He did not think that the circulation of these addresses should be so confined to their own members as they were. They had not had the means of getting addresses and papers put before the profession as they would wish, and he did think that in the case of an address like that delivered by Dr. Moir some action should be taken to bring it absolutely before the so-called orthodox portion of the profession. He begged to second the vote of thanks.

Dr. DUDGEON said he would like very much to express his cordial approval and admiration of Dr. Moir's very pleasing address. He had listened to many addresses at the various meetings of the Congress—amongst them one delivered by himself—(laughter)—but he must admit that he never felt more interested or more satisfied than with the one they had

had from Dr. Moir. (Applause.) Their President had remarked that he thought there were many members of that body better able to do that kind of thing than he was; but that was his modesty. The speaker was sure all would cordially agree with him when he said that no one could have given a better address than the one to which they had listened. (Applause.) It would be very useful to have that address brought before the so-called orthodox section of the profession; but he did not see how it was to be done—they were unable to get papers or addresses printed in the organs of the non-homœopathic school. He wished to support the vote, and concluded by again expressing admiration of the address. (Applause.)

Dr. MOIR (rising amid great applause): Ladies and gentlemen,—I can only thank you for your great kindness in listening to what I fear has been a very tedious address. (Applause.)

Dr. DYCE BROWN, with true gallantry, intimated to the ladies that the members of Congress had become too professional for the feminine taste, and with great reluctance they must now say “*Au revoir*.”

Dr. BURFORD then proceeded to read the paper on *The Salient Features of the Menopause*, which he and Mr. JOHNSTONE had prepared. The paper was illustrated by a number of sphygmographic tracings and drawings of microscopic preparations. An abstract of it, with the discussion to which it gave rise, appears at page 410.

One o'clock having struck before the opportunity for the discussion of the paper had arrived, this was postponed until after luncheon, which was served in the rooms of the Borough Museum, the members being the guests of their Leicester *confrères*. The MAYOR OF LEICESTER (Dr. Geo. Clifton) presided.

When the members had lunched—

Dr. BYRES MOIR said they seemed to be meeting this year under very favourable circumstances. That morning they had had accommodation such as they had never had before, the luncheon they had just had was equal to any they ever enjoyed, and the evening proceedings promised even greater charms. He had the greatest pleasure in proposing a hearty vote of thanks to Drs. Clifton, Mason and Capper, for the arrangements made for their comfort. (Applause.)

Dr. EUBULUS WILLIAMS briefly seconded, and the vote was warmly responded to, the healths of the Leicester doctors being enthusiastically drunk.

The MAYOR: On behalf of my colleagues—who are too nervous to stand up when their health is proposed—(laughter



hear hear, and cries "Stand up")—I thank you for the compliment. But you must thank these other gentlemen for the luncheon, I have had little to do with it save to eat it. (Laughter and applause.)

Dr. MASON, yielding to importunate calls, also thanked the company for the vote.

After luncheon the business of the Congress was resumed in the newly erected Mayor's room at the Museum.

The PRESIDENT on taking the chair said the next business was to select the place of meeting for 1901. It has been arranged that next year we meet in Paris, in connection with the International Congress.

Before proceeding, Dr. DYCE BROWN read telegrams and letters from gentlemen—Dr. Herbert Nankivell of Bournemouth, Dr. Percy Wilde of Bath, Dr. Murray Moore of Liverpool, Dr. Rowse of Putney, Dr. Stopford of Southport, and Dr. Waddington of Bradford—expressing regret at their inability to be present, and at the same time letters from the Earl Dysart and the Lord Mayor of Liverpool regretting their inability to be present at the dinner in the evening, to attend which they had received invitation.

Dr. G. CLIFTON: As you have heard, the next place of meeting will be Paris—if it is not all in pieces by that time. (Laughter.) In all probability London would have had the meeting next year and I would suggest that London be the place for 1901, and we can look forward to going to Liverpool the following year.

Dr. WOLSTON seconded. He thought the meetings in London were more numerously attended than those in the provinces.

Dr. HAYWARD, senior: I wish to propose an amendment. Liverpool has been waiting for a long time (hear, hear), and I think it would be very appropriate that the Congress of 1901 should meet in Liverpool—(Dr. J. Hayward: Hear, hear, start the century well!). I hope it will be held there in that year, and we shall be very pleased to see all our friends, and we will do all we can to make you happy and the meeting successful. (Applause.)

Dr. A. CLIFTON seconded.

The question was then put to the vote, and the President announced that "Liverpool has got it."

The next point to be considered was the date of meeting.

Dr. G. BLACKLEY said he would like to remind his provincial friends that it was only by exercising a considerable amount of self-denial that the Metropolitan members could get away from town in the month of June. (Hear, hear.)

Dr. DYCE BROWN said it was indeed extremely difficult to get away in June. He proposed that they go back to the old rule and have the meeting in the third week in September.

Dr. HAYWARD, senior, seconded, and it was carried by 29 votes to 7.

Dr. DYCE BROWN said there was one little detail to mention in going back to the old rule. The meeting was always held on the Thursday of the third week in September, whatever the date on which it might fall.

The next business was the election of President.

Dr. A. CLIFTON proposed the name of Mr. Knox Shaw, and remarked that there was no man they would more delight to honour.

The PRESIDENT: This election has always been taken by ballot, and I think it will be the best way to follow.

Mr. WRIGHT moved that the worthy Vice-President be the President next year.

Dr. BURWOOD seconded.

Dr. DYCE BROWN again called attention to the fact that the election should be by ballot.

The ballot was then taken.

The PRESIDENT: I am glad to say that his Worship the Mayor has been elected by a large majority. (Applause.)

Dr. GEORGE CLIFTON: I will thank you when I have done it. (Laughter and applause.)

The Congress then proceeded to the election of Vice-President, when Dr. John Hayward was chosen, and, subsequently, Dr. Hawkes, of Liverpool, and Dr. Watson, Secretary of the Liverpool Branch of the British Homœopathic Society, were appointed Local Secretaries.

Dr. GEORGE CLIFTON moved that the present secretary and treasurer be empowered to act in that capacity at the next Congress, and that proposition met with universal approval.

Dr. MADDEN said as he had been again chosen as treasurer he had, he thought, a right to address a word or two. He had in hand a balance of between £5 and £6, and in all probability at the end of the day he would have a little more. He wished to ask leave of the Congress, providing his calculation was right, to hand over £5 to the Jubilee Fund of the London Homœopathic Hospital as a donation from the Congress (Applause.)

Dr. GEORGE CLIFTON said there was a movement for the federation of the dispensaries connected with the Homœopathic Society, and if they could hand over the £5 to that it would be a good thing, and they would be helping the smaller hospitals.

Dr. DYCE BROWN seconded Dr. Madden's motion.

Dr. BURFORD and Dr. HAYWARD supported the proposition of Dr. George Clifton.

Dr. NEATBY thought there was another word to be said on the question. With respect to the Homœopathic Hospital he would yield to none in enthusiasm for its cause, but they were individually interested more or less in collecting for the funds of that hospital, and therefore had ample opportunity for showing their sympathy. He hoped they were all interested in the federation also. The object was so good it should not be passed over unless they could assist it in another way. Dr. Madden had served them for many years; they had all seen the care and toil he put into the work, the quickness with which it was done and the interest he takes in it. One of the objects of the federation was to erect cottage hospitals, and he thought they could not do better than to acknowledge Dr. Madden's services to them by voting that small sum to the Phillips' Memorial Hospital—his hospital. (Hear, hear.) Dr. Madden was in the throes of collecting funds for the work of homœopathy in Bromley, in which they had all assisted, and he thought the idea in most of their minds would be carried out in another way by voting the money to that hospital. It would be a compliment to Dr. Madden and an encouragement to him, and would assist the purpose of the federation.

Dr. G. CLIFTON thought that would be just the right course to take.

The original proposition was then withdrawn in favour of Dr. Neatby's.

The PRESIDENT : This is the first time I was aware that we were a money-making firm. This has been the most difficult problem before us; we have had three propositions made to the meeting. Now I put the last, which is that the money be given to the Phillips' Memorial Hospital.

Dr. Neatby's motion was carried by a large majority, and the other propositions were not voted upon.

Dr. MADDEN : You will, I hope, allow me to thank you for the very kind way in which you have diverted this sum of money from the London Hospital to my own. I shall be very pleased to hand it over to the treasurer as a donation from the Congress. (Applause.)

The Council, consisting of the President, Vice-President, the Hon. Treasurer, the Hon. Secretary, Dr. Richard Hughes, and Dr. A. C. Clifton, was re-elected *en bloc*.

Dr. DYCE BROWN stated that hitherto the local secretary had not been on the Council, but last year they broke the rule in London, when he took it upon himself to put Mr. Knox Shaw

on that body. He now begged to propose that the local secretary—or secretaries, as they would be on the next occasion—be on the Council *ex officio*.

Dr. G. CLIFTON seconded, and the motion was carried.

Dr. Hayward's paper on Dr. Hughes' *Index to the Cyclopadia of Drug Pathogenesis* was then read and discussed, and also Dr. Mason's on *Surgery in Relation to Homœopathy*. These papers and the discussions to which they gave rise we hope to give in our next issue. After a cordial vote of thanks to the President for his conduct in the chair that day, the Congress adjourned to meet in Liverpool in 1901.

#### THE DINNER.

During the evening the members and their friends dined together at the Museum Buildings, prior to which the Mayor and Mayoress held a reception in the new and elegantly appointed suite of rooms added to the buildings. The President occupied the Chair, supported by the Mayor and Mayoress, and among the guests were Sir Thomas and Lady Wright, the Ex-Mayor and Mrs. Wakerley, the Rev. Dr. Sanders, Rev. W. Evans, Aldermen Dr. Lakin, Windley, Lennard and Mott; Councillor Marshall, Mr. and Miss Salusbury, Mr. F. Hewitt, Mr. Brigg, Mr. H. Harris, Mr. W. Ellis, Mr. Alex. Baines, Dr. Monk, Mr. Colston, Mr. and Mrs. F. Green, Miss D. Green, and others.

Grace before meat was said by the Rev. Canon Sanders, D.D. (vicar of St. Martin's, Leicester), and the Rev. W. Evans, (nonconformist minister, Leicester) returned thanks. During the post-prandial proceedings the Mayor's officer acted as toast master.

The PRESIDENT, in submitting the loyal toasts, said: When the Congress assembled in Leicester in 1878, the chairman found it necessary to apologise in some degree for the introduction of that toast. At that time a wave of republicanism was sweeping across the country, and it was even said that Birmingham was to supply the first president for the new constitution. (Laughter.) He remembered that *Punch* gave a picture of the chosen one, sitting amongst the masses who were waiting to put him into the proud position. (Laughter.) Since that time, however, there had been many changes, but never had there been such enthusiasm as that which they witnessed in all parts of the British Empire on the 80th anniversary of the birthday of our noble Queen. (Applause.) In a long life and a noble one, Queen Victoria had taught us many lessons, and he was sure they would all join most heartily in honouring the toast. (Applause.)

The company sang the National Anthem, and loyally responded to the President's proposal.

The PRESIDENT next proposed the "Memory of Hahnemann." He said they honoured the memory of Hahnemann upon those occasions because they considered he was the first to put the practice of medicine on a scientific basis. (Applause.) At the same time Hahnemann was a brilliant chemist, a scholar of great renown and a skilled physician. They could not, after dinner, touch upon any subject which was at all of a controversial nature, for even the most enthusiastic sometimes tired of fighting medical questions. (Hear, hear and laughter.) But there were many points to which he could refer without raising dispute. If there was one thing of which they were proud at the present day it was the great improvement which had taken place in sanitary science, hygiene and general care of the public health. But he thought it would be a lesson to many of the medical officers of the present day to turn to the papers of Hahnemann. In one of his papers, in a paragraph on epidemics written in 1792, they would find there is little done nowadays which Hahnemann did not then lay down as necessary. His first teaching is for isolation, which he says should not be entrusted to the individual, but must be carried out by the Government. He laid down stringent rules for the conduct of hospitals and for the nurses to observe. Another thing they were proud of to-day was the Notification Act, and in that Hahnemann had anticipated them. He suggested that the police officials of Germany should be given a reward of 8s. 6d. for every case notified. At the present time the British Government gave 2s. 6d. to medical men for every case notified; so when they came to think of what 8s. 6d. meant in Germany years ago they would come to the conclusion that Hahnemann was a good business man, and knew how to get what was wanted. (Applause.) The latest biography published of Hahnemann was by Dr. Bradford, of Philadelphia, and his was a long life (he lived to be 89) and full of interest. One part of his life history was certainly romantic—that was his second marriage at the age of 80; and over a certain point in this the historian was very enthusiastic, that was the question whether the second Mrs. Hahnemann did not appear on the scene for the first time in trousers—(loud laughter)—as she was an artist, and it is, or was, the custom of lady artists in France (like Rosa Bonheur) to wear the bifurcated garment. He (the speaker) did not know whether she was also a cyclist, or whether on account of her attire she was refused refreshment. (Renewed laughter.) But there was an authentic record that the barber went to

her room in the morning thinking to find a gentleman, and was surprised to see an elegantly-dressed lady. (Laughter and applause.) Any way, the marriage took place, and as the novelist said "they were happy ever afterwards." (Laughter and applause.) Hahnemann continued the practice of his profession, and finished his brilliant career in Paris, honoured by everyone who knew him. It was their custom to drink this toast in silence, and he proposed "The memory of Hahnemann." The toast was honoured in reverential silence.

Dr. HAWKES (Ramsgate) was next called upon. He said, he once had a profound respect for a personal friend present in that assembly, but he was sorry to say that respect had lessened considerably since he received his mandate to propose the next toast, which was that of "Homœopathic Hospitals, Dispensaries and Societies." He felt something like the man of whom Jerome K. Jerome tells. He had to be present at the funeral of his wife, and when the *cortège* was being arranged the undertaker proposed that he should sit in the carriage with his mother-in-law. This he positively declined to do. "But you must," said the undertaker. "No, I shall do nothing of the kind." "But you must," repeated the undertaker. "I certainly will not," was the reply. After a great deal more persuasion the man gave in, and said: "Well I suppose if I must I must, but you've spoilt my afternoon for me." (Laughter and applause.) That was exactly how he (the speaker) felt—his friend had spoilt the evening for him. (Laughter.) At any rate, as they all knew, there was very little difficulty in proposing a toast of that kind, because they were all in such hearty sympathy with the good work those various institutions were doing. (Hear, hear.) As to hospitals, those who knew—and most of those present did know—the work of the London Homœopathic Hospital would see at once that that one, like good wine, "needed no bush." And those who did not know it he would advise to see it as soon as they could. If they wanted to know anything about the hospital, he would venture to say there was a gentleman present who would be pleased to show them round (applause)—and fleece them afterwards. (Laughter.) Then as to the dispensaries. They had been of great service, as they had demonstrated that a small dose of medicine, homœopathically presented, was useful and sensible, even in spite of the fact that these poor people were not able to surround themselves with the comforts of the sick room that their more fortunate brethren enjoyed. At one time they were told that homœopathy was all very well for the

people who could take every precaution against disease, diet themselves properly, and have warmth and rest; but the dispensaries had demonstrated that people got well on the small dose, homœopathically prescribed, in spite of their inability to surround themselves with luxuries, and that, too, frequently when their friend the enemy had totally failed. (Applause.) So the dispensary had been of great service in demonstrating the value of homœopathically indicated medicines and the small dose. (Hear, hear.) With regard to societies he need not say much. In that assembly they had very pleasing evidence of the usefulness of the Homœopathic Society. There were societies dotted about the country doing excellent work in promulgating the principles of homœopathy, in keeping the members of each well up to the mark, in encouraging one another, and as "unity is strength," he hoped that in the near future they would be able to get more closely together through the various societies. (Applause.) They were richer in these institutions now than ever they had been, and he was sure they would all heartily respond to his proposal, "Success to the Homœopathic Hospitals, Dispensaries and Societies." (Applause.)

Mr. JOHNSTONE said: In replying to the toast so neatly proposed by Dr. Hawkes, there were one or two things he would like to mention. First, with regard to hospitals. A great change had come over the homœopathic hospitals during the past few years—within the last ten years he might say; and one naturally asked, "Why is it that such a change has occurred? Why have they become so very much more efficient?" Well, he thought it would be found to lay in the fact that the homœopathic mind had broadened. A few years ago the homœopathic mind confined itself entirely to medicine—"Quite right, too"—but, nowadays they had acknowledged the advantage of hygiene and surgery (applause); and since these have been acknowledged—especially surgery—the hospitals and dispensaries have begun to grow and increase. (Applause.) That truth has been felt in two ways. First, in the good that has been done to the people coming to the hospitals. In times gone by all illness was treated by medicine alone; now the patients could have the benefit of surgical treatment in addition. With regard to the dispensaries which are springing up throughout the country, they were well fostered by the Congress. At the meetings of the Congress these last two or three years there had been developed a scheme for the federation of the homœopathic hospitals and dispensaries, the object and idea being to help forward the dispensaries in places where homœopathy is struggling, and as a result of

that movement they hoped in the near future to see much good work accomplished. (Applause.) With regard to Societies he had not had much experience, but as secretary of the Homœopathic Society he had recently been able to see the inner working of that body. Of course, the British Homœopathic Society was but a very small body when compared with the British Medical Association, but it was a hard-working body—a conscientious body—and he hoped that very shortly its membership would be increased. In conclusion he thanked the company very much for the manner in which they received the toast. (Applause.)

Mr. GERARD SMITH proposed the toast of "Homœopathic Literature, with the Readers of the Papers," and by way of preface he criticised most amusingly the title of the toast, and spoke of the various constructions which might be placed upon the phraseology of it. Proceeding, he gave a humorous account of his own early introduction to homœopathic literature, saying he very nearly suffered shipwreck in his voyage out of the despondent darkness of so-called orthodox therapeutics into the cheerful light of homœopathy, owing to the fact that he had put into his hands one of those comical books which were at that time regarded by some homœopaths as true guides to homœopathy, but which were in sober truth veritable burlesques of the method of treating disease with homœopathically selected medicines. Let them drink to the improvement of the future mental health of the writers and the readers of such literature—they needed it. (Laughter.) But the ugly part of the matter was that their allopathic opponents took literature of this insane type as representing homœopathic teaching, just as they do with certain disastrous performances in the way of papers read on rare occasions at the meetings of the Congress. Why this should be so he did not know. Those who produced such papers certainly needed their mental health attended to. (Laughter.) But the real homœopathic literature, that which saved from shipwreck, the literature given to us by Hughes and such men—(applause)—in that there is indeed light. The imagination sinks abashed before the spectacle of the labours of such men as Richard Hughes, and no spoken word could fully express to him and his like—(if such there be, which the speaker doubted)—the deep gratitude they all felt for the literature which made their changed allopathic lives the power for good which every homœopath may be in the world. (Applause.) Health and long life indeed he wished for those men. To secure the penetration of this literature into the minds of the so-called



"orthodox" members of the profession should be their earnest aim. (Hear, hear.) The general line taken in the papers read before Congress that day, especially in the case of the paper supplied by Dr. Mason and the remarks of Dr. Hughes in the discussion on that by Dr. Hayward, had been towards that aim. (Applause.) He asked them to drink to the health of the writers, and with all their hearts let them drink continued life and growth to the literature of Dr. Richard Hughes. (Applause.)

Dr. J. W. HAYWARD (Liverpool), in responding to the toast, said the readers of the papers would be extremely gratified with the way in which it was received. They were gratified to learn that their efforts had been appreciated, and they would be even more gratified if they found those efforts had left a good impression. With the other part of the toast, homoeopathic literature, he had not had much to do. That it was very extensive Mr. Smith had shown. In England, America, Germany and France they had a great deal. Then there were the journals which found a place among their literature. All were very grateful to the contributors for the manner in which they had exerted themselves, and on their behalf he could promise that they would continue to endeavour to contribute to the information of all. He would ask those who appreciated the efforts of the contributors of the journals to take in the books and read them, that their writing and production might not be in vain. Dr. Hayward went on to mention a movement taken up in Liverpool with respect to the treatment of tropical diseases. They had established a school for teaching medical men and missionaries, and at the Hahnemann Hospital they had arranged for a course of instruction for missionaries, nurses, and others, going to the West Coast of Africa. It was hoped that those going out would take advantage of these classes by staying a week or a fortnight and receiving instruction. By that means it was hoped missionaries and medical men taking charge of stations in West Africa would be enabled to save a great deal of human life, and by that means also they hoped to spread a knowledge of the true principle of medicine. He knew there were those among the company who contributed to missionary societies, and he asked them to recommend the missionaries before they take their departure to call at the hospital and there they would be taught how to manage in case of an outbreak of malaria. (Applause.)

Dr. CROUCHER, ex-mayor of Hastings, was entrusted with the next toast. He said: Mr. Chairman, ladies and gentlemen,—I have the honour and privilege of presenting

to you a very important toast. It is one that gives me very great pleasure to submit to you, and I am sure you will receive it and respond to it with equal pleasure. It is the toast of "His Worship the Mayor, and success to the Town, of Leicester." (Applause.) No doubt this toast was placed in my hands from the fact of my having held a position in the premier Cinque port similar to that which our worshipful friend, Dr. George Clifton, holds in Leicester at the present time. (Applause.) Our worshipful friend, Dr. Clifton, has been for many years interested in the sanitary matters of this borough as attached to the Town Council, he having, I believe, held the position of Chairman of the Sanitary Committee for years to the greatest satisfaction of his fellow-citizens and the members of the Town Council generally. That position, we could readily understand, must be a very onerous one in such an industrial centre as Leicester. It is quite unnecessary for me to assure His Worship that we greatly congratulate him on being elected to this important office, and that it is our earnest hope and wish that he may be able to carry out his arduous duties to the termination of his year of office to the great satisfaction of his fellow-townsmen and of himself. (Applause.) There are a great many reasons why we should do honour to him, amongst others, we are indebted to him, in co-operation with his colleagues in Leicester, for the very kind hospitality that he has extended to us to-day. (Applause.) We are grateful to him also, as the representative of the Town Council, for the kindness shown in allowing us to hold our Congress in the Municipal Buildings. But, above all, last but not least, we know how we have experienced his geniality, his *bonhomie*, for so many years past. (Applause.) I should like to couple with the name of the Mayor in this toast that also of the Mayoress. (Loud applause.) I have heard on all sides to-day how very popular Mrs. Clifton is, and we should be wanting in our duty if we did not couple her name with the toast. In drinking the toast you will understand that with it is associated "Success to the Town of Leicester." I am told on very good authority, by a gentleman who is a Leicestershire man, and beyond that an ex-Mayor, that the Leicester people consider that Leicester is the metropolis of the Midlands, and I have no doubt it is quite right. (Applause.) In all cordiality, ladies and gentlemen, I give you the "Health of the Mayor and Mayoress of Leicester, and success to Leicester." (Applause.)

The toast was enthusiastically received with musical honours.

Dr. CLIFTON, in responding, said : Mr. President, Sir Thomas and Lady Wright, and ladies and gentlemen—On behalf of the Mayoress and myself I thank you very heartily for the way in which you have received the toast of "Gog and Magog." Which is Gog, and which is Magog?—that's the question. (Laughter.) Nay, more, which is the Mistress?—that is the question. (Renewed laughter.) I am sure the Mayoress has been delighted with the company—and the warm-hearted feeling with which she has been received—of so many of my *confrères* of the homœopathic branch of the medical profession at our house last night and to-day. As Mayor of Leicester, I feel what an honour it is to myself personally and to the town of Leicester that, on the first opportunity of my having these rooms where we have held some of our meetings to-day, I have had the honour of entertaining, with my other colleagues, Drs. Mason and Capper, the members of the Homœopathic Congress, and those friends more or less attached to what I believe is the only true therapeutic system in the world. (Loud applause.) I should like to correct one little statement which my dear friend Dr. Croucher made. He said I had been chairman of the Sanitary Committee ; I have, for years, been a member of that committee, aspiring very much to the chair—(laughter)—but we have a better man for that position in Leicester even than a medical man, and that is our friend Ald. Windley. He has been a member of the Sanitary Committee for very many years, and has lifted Leicester from one of the most unhealthy and insanitary areas, lying as it does almost in a basin, to being one of the healthiest towns in the country. As Mayor of Leicester I cannot but feel a debt of gratitude to him, and I acknowledge the debt of gratitude which the medical profession owe to a gentleman, not educated, one might say in sanitary matters, who, by his indomitable will has carried all before him and made Leicester what it is at this time. So far as the sanitary conditions of the town are concerned, Leicester is, I think, second or third in the country. (Applause.) But I have held for some years a different position, I have been chairman of those poor weak-minded people of whom we have so many in Leicester—the lunatics—(laughter)—and now as Mayor of Leicester I am of course chairman of the Town Council. (Renewed laughter.) But whether we are lunatics or not, or whether we believe in vaccination or not, you see I have hard work to keep the peace. (Laughter.) But still I feel that a great honour has been placed on me by putting me in this position, and I feel that you, the Homœopathic Congress and the medical men of Leicester, have honoured me by coming here.

I have to-day received a letter from a nobleman well known to some homœopaths here—Lord Dysart—(applause)—to say that he would like to have been at this Congress dinner to which I had invited him but could not attend. We have long known how heartily he believes in the therapeutic law of *similia similibus curentur*, but he could not be here. He said he had heard a rumour that there was an idea in all our large centres, if we could not obtain the carrying out of the therapeutic treatment of patients by homœopathy, that we ought to establish in each of the different centres—in the large towns—cottage hospitals for the treatment of patients homœopathically—(hear, hear); and he, feeling so strongly on this subject, was prepared to guarantee £1,000 towards a homœopathic hospital in Leicester. (Applause.) A friend mentioned that only casually this afternoon, and at once the lady to whom he was speaking said, “I will give another £25, with my husband, towards such an institution.” (Applause.) With all I have before me during the year I feel great doubt whether I could carry it through. Homœopathy has taken such a stand throughout the country that I am glad to see it is increasing very much wherever there are honest men trying to do their duty faithfully, as my colleagues have done in Leicester. I will not say we shall have a homœopathic hospital like the one in Great Ormond Street in a few years, for I do not know. I should like all ladies and gentlemen, whenever in London, if they want to see a model hospital, to see the one in Great Ormond Street. It is in every sense a model hospital, and when they have seen it they will feel that homœopathy is doing something to relieve suffering humanity in this country. (Applause.) I thank you very heartily on behalf of the Mayoress and myself and the town for thus honouring us by proposing the toast. (Loud applause.)

Dr. A. CLIFTON said he had been requested by his brother to propose in his name the toast of long life and happiness to those ladies and gentlemen who had been his guests on this occasion, and who by their presence had so largely contributed to the charm of the proceedings. The speaker most certainly joined with his brother in that toast. He had the privilege and happiness of coupling with the toast the name of a gentleman he had known the last forty or fifty years—his friend Sir Thomas Wright. (Applause.) In times past they had heard of makers of empires, makers of cities, makers of towns, and he would say that Sir Thomas Wright was one of those men who had helped to make Leicester. Sir Thomas had played a conspicuous part in directing the policy of the town, in the work of the town, for the welfare

of the town ; and hailing as he did from Northampton, the speaker was very proud of him. (Applause.) But there were others besides Sir Thomas who had helped to make Leicester. They had already honoured one gentleman, and there was another one—a clerical gentleman—Dr. Sanders, not born in Northampton, but made partly at Northampton. (Applause.) When in Northampton, Sir Thomas Wright took an active part in the political life of the town ; and he was a very able man, one of the most courteous, one of the most gallant gentlemen, as the ladies would bear witness. (Laughter and applause.) Sir Thomas had made his position in Leicester not merely by his ability, for it was not mere ability that made men or towns, but it was geniality, *bonhomie*, good humour, tact, which helped to make them, and those especially Sir Thomas Wright possesses. He begged leave to propose the toast : “ Our Guests, including the Ladies.” (Applause.)

Sir THOMAS WRIGHT said his old friend Dr. Clifton had placed him somewhat in a difficulty by bringing into recollection matters which were ancient history, and he dared not to go back with him to those old days. (Laughter.) Nothing gave him greater pleasure than to be the guest of the Mayor on that occasion, and to see Dr. Clifton, who had been a valuable power in the town in which he lives. He was indeed delighted to see the two brothers at that function, both in the full possession of vigour and with the possibilities of many years of life and service, and, he hoped, distinction. (Applause.) Proceeding, Sir Thomas said he had been called upon to respond for the guests, and he did so with very great pleasure. Dr. Clifton had made the proposal comprehensive by saying it included ladies as well as gentlemen. The form of the toast was “ Our Guests, including the Ladies,” but he thought Dr. Clifton did better by putting the ladies first. (A voice : “ Always.”) They would gather from the allusions to the ladies derived from past experience that the ladies liked to receive attention ; they like to see the doctors, they liked the constant care and patient attention bestowed on them when it is necessary for the medical gentlemen to pay them visits. The members of the medical profession were very much favoured ; they have a pleasing variety of labour. They see ladies at all times, and with a few years' experience they obtain that happy condition, that lovely form of expression suitable for every mood in which they might happen to find a patient. (Laughter.) Speaking for the guests, he could state with assurance that they were all grateful for the opportunity of being present. (Applause.) He could remember the time when homœopathy

was not so prominent by a long way as it is at the present day. If he were to go back to those innocent times spent many years ago in Northampton, he would remember that to be a homœopath at that time would be a bold thing to do. He was glad to know that surgery had come within the scope of homœopathy; he wondered it had not done so previously, and he was satisfied that now it was recognised as an essential portion of the treatment of disease and injury, and one which medical practitioners must learn to practise, homœopathy will take its proper position. (Applause.) He knew that in making an assertion of that kind he was treading on dangerous ground, but in Leicester they had a habit of saying what they thought and trusted to its reasonableness for its acceptance. (Hear, hear.) The gathering there that evening was purely a compliment to their worthy friend the Mayor, and as such they all appreciated it, and the guests felt that the Congress had paid Leicester and the Mayor a high compliment in choosing it for the annual gathering. They hoped it would not be the last time that the Congress would meet in that town. (Applause.) Concluding, Sir Thomas thanked the Congress very much for inviting the guests and Dr. Clifton for the kind way in which he was pleased to propose the toast. (Applause.)

Mr. KNOX SHAW submitted the last toast, that of "The President." He said: I have a toast entrusted to me which I feel it is a great honour to be allowed to propose. I certainly trust you will not consider that the brevity of my remarks or the imperfection of their utterance bears any relation to the importance of the toast. Ladies and gentlemen, I ask you to join with me in wishing good health, long life, and prosperity, to a cultured and broad-minded physician, a loyal colleague, a true friend, and, last but not least, an ardent supporter and champion of the cause of homœopathic therapeutics. (Applause.) When I listened to the President's address this morning a stimulation was excited in my mind, as I am sure it must have been excited in the minds of all privileged to be present, to hear more and to learn more from the writings and from the utterances of the author of that presidential address. (Applause.) After what I heard this morning I feel somewhat in the condition described by a very fashionable (am I treading on dangerous ground?) Persian poet who says, "I die of thirst upon the fountain's brink." I ask you to drink with me to the health of "The President of the Congress." (Applause.)

Dr. MOIR: We have had a busy day, and I am sure you will be satisfied when I say I wish from the bottom of my heart to thank you for the way you have received the toast, and to say

that we are all very gratified with our visit here. (Applause.) We have had full hospitality, full kindness, full cordiality from everybody we have met, and you will, I know, agree with me in hoping that at some future time we may be able to repeat this meeting. (Applause.)

During the evening vocal music was rendered by Miss Edith Coltman, and a musical sketch was given by Mr. Goddard, Mr. W. J. Bunney, F.R.C.O., presiding at the pianoforte.

#### EXCURSION.

On Friday, the day following the dinner, a most enjoyable excursion to Nanfantan was arranged, in which twenty-four members and four ladies took part. Six of the gentlemen disported themselves on bicycles. The party proceeded first through the Abbey Park, past the ruins of Leicester Abbey—famous for its historical associations with Cardinal Wolsey—and on to Groby Pool, a picturesque sheet of water with beautifully-wooded background. From this point onwards for about ten miles the route was up hill and down dale, through the beautiful scenery of Charnwood Forest. The old Pre-Cambrian or Palæozoic rocks, which appear like miniature mountains continually cropping up and showing their rugged crags through the secondary strata, were features of great interest to all, and especially so to those geologically inclined. Mr. F. T. Mott, F.R.G.S., who accompanied the party, and kindly acted as *cicerone*, led the way to a very fine old disused slate quarry in Swithland Wood, and his lucid explanations and descriptions of the various objects of interest were keenly appreciated. The road lay next through the pretty village of Woodhouse Eaves, and thence to the higher grounds again, between the Hanging Stone Rocks and Beacon Hill, the latter showing its rhododendrons in full bloom.

The Longcliffe Hotel, Nanfantan, was reached about 1.15 p.m., and there a substantial luncheon awaited the travellers. Needless to say, full justice was done to this. At the conclusion, Dr. Hawkes, of Ramsgate, in a genial speech, proposed a vote of thanks to Drs. Mason and Capper for having arranged the excursion. Dr. Capper suitably responded, making special allusion to the kindness of Mr. Mott, whose presence and assistance contributed so greatly to the pleasure of the party. The return journey was made by a different route, passing close to Ulverscroft Priory. The cyclist party, under the guidance of Dr. Mason, endeavoured to vary theirs somewhat, and found themselves compelled to walk a good half-mile over rough grass land, on the lee side of a very powerful sewage farm. Eventually, all reached their quarters in safety, after a thoroughly enjoyable outing.

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NOTABILIA.

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LONDON HOMŒOPATHIC HOSPITAL.

THE Jubilee of this institution was celebrated by a most successful and well-attended dinner at the Cecil Hotel on the 21st ult. Mr. J. P. Stillwell, the chairman of the board of management, presided in the absence of Earl Cawdor, one of the vice-presidents and the treasurer of the hospital. Proposing the toast of the evening, the chairman indicated the progress of the institution during its fifty years' existence. The first building was in Golden-square, and it was opened in 1850. Nine years afterwards the second hospital was opened in Great Ormond-street, where for 86 years it had had a career of success, sufficiently shown by the large increase in its patients and funds. The foundation-stone of the new building was laid in 1898 by the late Duchess of Teck, who was always a great friend of the hospital. The progress made by the institution was shown by the fact that the number of in-patients had increased from 156 in 1850 to 1,111 in 1898, while there had been a corresponding increase in the number of out-patients, which last year came to 18,000. The number of patients treated since the foundation of the institution in 1849 was about 864,000. Although they had an annual expenditure of £9,500, the annual regular income was only £7,000. The committee were now making a special appeal for £15,000. Mr. S. Gedge, M.P., proposed "The Board of Management and the Medical Staff," Mr. Alan E. Chamber and Mr. Knox Shaw responding. The other toasts were "The Ladies" and "The Chairman." During the evening subscriptions were announced amounting to £7,000, including £100 from Earl Cawdor.

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THE LATE DR. LUDLAM.

WE very much regret that the overcrowding of our space this month entirely precludes us from giving any account of the long and useful career of the accomplished surgeon who has recently, and so suddenly withal, been removed from the scene of his labours. We hope, however, to do so next month.

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APPENDICITIS: NOT A NOVELTY.

To the *Guy's Hospital Gazette*, June 17th, Sir Samuel Wilks contributes a note in which he says, "There is really nothing new in it but the name. Most of the older works on medicine



give a description of typhlitis and perityphlitis, or inflammation of the cæcum : to this is added an account of perforation of the vermiform process and its acting as a snare to catch cherry-stones and date-stones." He says that Addison taught that typhlitis was due to a primary disease of the vermiform process or appendix cæci. He then goes on to say, "Bright and Addison, it may be remembered, commenced the publication of a work on medicine, but only one volume appeared, which was wholly written by Addison. This was published in 1836, sixty-three years ago, and before the majority of those now practising medicine were born. He wrote as follows : 'The portion of the intestine which is lodged in the right iliac region is frequently the seat of inflammation. A hardness and tumefaction are soon evident, and this continuing general symptoms of peritonitis often take place and terminate fatally : or the inflammation may remain circumscribed and assume the form of deep-seated abscess. This may open of its own accord and ill-conditioned pus escape, which from its smell is soon discovered to be mixed with fæculent matter. From numerous dissections it is found that the fæcal abscess thus formed arises in a large majority of cases from disease set up in the appendix cæci. This organ is very subject to inflammation, ulceration, and gangrene, or may become thickened and ulcerated from tuberculous deposit. This worm-like process is often detected in the midst of the abscess with a perforation at its extremity. Foreign bodies may have fallen in and irritated it, but one of the most common causes is the formation of a peculiar concretion moulded in the canal and composed of layers of earthy phosphates with occasional portions of fæculent matter.' It seems to have taken the profession a great many years to recognise these facts so clearly laid down by Addison. What is new has reference to the treatment by operation before any abscess is apparent. It is this which has brought the disease so prominently before our notice."

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#### THE MAGISTRACY.

WE have much pleasure in announcing that our colleague, Dr. Netherclift, of Canterbury, has been appointed a Justice of the Peace for the city of Canterbury. We offer him our hearty congratulations on the honour conferred upon him.

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#### HAHNEMANN'S TOMB.

THE subscription to Hahnemann's new tomb, to be unveiled at the International Congress of 1900, will be closed this month. All who have not yet contributed thereto should write to Dr. Hughes, of Brighton, and do so at once.

## NOTICES TO CORRESPONDENTS.

\* \* *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL. Out-patients. Mondays, Thursdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Thursdays, 9 A.M.

DR. DUDGEON.—We very much regret that the space occupied by the proceedings of the Leicester Congress renders the publication this month of your paper—*Are Microbes Disease Germs?*—quite impossible. It is in type and shall appear in our August number. On the same grounds we are compelled to omit a paper by Dr. CASH REED, a review of ARNDT's *Practice of Medicine*, and a notice of the late Dr. Powell, of Anerley.

Communications, &c., have been received from Dr. DUDGEON, Dr. BLACKLEY, Dr. BURFORD, Dr. GOLDSBROUGH, Dr. MOIR (London); Dr. HUGHES (Brighton); Dr. CLIFTON (Northampton); Dr. MASON (Leicester); Dr. PROCTOR, Dr. HAYWARD (Birkenhead); Dr. C. REED (Plymouth); Dr. HAYLE (Rochdale).

## BOOKS RECEIVED.

*The Twelve Tissue Remedies of Schüssler.* Homœopathically and Biochemically considered by Drs. Boericke and Dewey. Fourth edition. Boericke & Tafel. Philadelphia. 1899.—*The Treatment of Hemorrhoids.* By Dudley Wright, F.R.C.S., Eng. Gould & Son, Ltd.—Wirrall Homœopathic Dispensary Report. Birkenhead.—*The Homœopathic World.* June. London.—*The Chemist and Druggist.* June. London.—*The Kentish Observer.* June.—*The North American Journal of Homœopathy.* June. New York.—*The Homœopathic Eye, Ear and Throat Journal.* June. New York.—*The Medical Times.* June. New York.—*The New England Medical Gazette.* June. Boston.—*The Hahnemannian Monthly.* June. Philadelphia.—*The Homœopathic Recorder.* June. Lancaster, Pa.—*The Homœopathic Envoy.* June. Lancaster, Pa.—*The Medical Era.* June. Chicago.—*The Clinique.* June. Chicago.—*The Hahnemannian Advocate.* June. Chicago.—*The American Medical Monthly.* May. Baltimore.—*The Medical Brief.* June. St. Louis.—*The Pacific Coast Journal of Homœopathy.* May. San Diego.—*The Minneapolis Homœopathic Magazine.* May.—*The Tasmanian Homœopathic Journal.* May. Hobart.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DECE BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 173, Haverstock Hill, N.W.; or to Dr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 69, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### HOMŒOPATHIC MEDICINES.

A CORRESPONDENCE is taking place in *The Chemist and Druggist* concerning the "Homœopathic Medicine Trade," in which accusations of the "cutting," "under-cutting," and "sub-undercutting" of prices are freely bandied about. It appears that competition has waxed keen in the trade, or at least in such part of it as supplies the ordinary chemist with bottles of homœopathic drugs for retail, and that the paring down process is gradually reaching the quick, represented by the pocket in this case. Some wholesale chemists are accused of keeping a sliding scale of charges; others are supplying their wares at a loss in order to starve out those who undersell them. Hence these tears. The quarrel appears to be a very pretty one as it stands, and we have no desire to enter into it. If certain wholesale manufacturers find it convenient to sell their goods at rates which enable their customers to retail them profitably at ludicrously low prices, our withers are still unwrung, *provided always* that what they so vend corresponds accurately with its title, and is so dispensed that it retains its essential characters unaltered between sale and consumption. The proverbial association between "cheap" and "nasty," and the fallibility of

the human conscience where a profit is concerned, make us fear that the warriors in this war of rates may be tempted to overlook the interests of certain non-combatants who are necessarily concerned in the *casus belli*; we refer to the pharmacist, the prescriber and the patient.

The question "What is a homœopathic medicine?" may be answered under two heads, the medical and the pharmaceutical. The medical essentials of a homœopathic drug are that it shall be a single drug, which has been proved upon the healthy to be capable of producing in them symptoms similar to those for which it is prescribed to the diseased, the dose being something less than shall produce the physiological action characteristic of the drug. A medicine is pharmaceutically homœopathic (in Britain) when it is prepared according to the directions of the British Homœopathic Pharmacopœia.

The physician who prescribes according to the law of similars is peculiarly at the mercy of his chemist. The higher attenuations lack any distinction in appearance one from the other, and fraud in this direction is easy and (for the time) not unprofitable. Fortunately, however, the effect of a well-indicated drug is so certain to follow its exhibition that fraud would be soon suspected. That such frauds are not unknown our own pages have testified in the past. The late Mr. ENGALL writes\* that he discovered a two-ounce bottle of fluid in a friend's medicine chest labelled "mother tincture of lachesis" followed by the name and address of a chemist. It might have been labelled "Medusan cerebrine" with equal relevance to our pharmacopœia. Mr. ENGALL's letter produced another† reporting the production of "mother tincture of mercurius solubilis" from the same home of mystery. The pity of it, that a man holding the universal menstruum in his hand should have been so soon content! One of our body informs us that recently he was gravely offered a third decimal tincture of aurum metallicum. Incapacity or fraud so blatant "o'erleaps itself and falls on the other side." It could deceive no physician. No competent homœopathic chemist who

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\* *Monthly Homœopathic Review*, vol. 28, p. 383.

† *Ibid.*, vol. 28, p. 447.

deals with the prescriptions of physicians would attempt it, by reason both of the conscience which he brings to his business and of the interest which he has in common with the prescriber, in maintaining the integrity and honour of the homœopathic name. On these considerations the prescriber may feel fairly safe. But does the same security extend to the small and occasional lay purchaser of drugs at his own instance from the stock of an old-school country chemist, who condescends to the weakness of his customers sufficiently to purchase some few homœopathic remedies at the lowest rate, and sell them at the highest profit attainable. We would not wantonly assail the reputation of any individual or body of individuals, but we counsel our colleagues to remind those of their patients who are addicted to such purchases that cheapness does not always ensure a good bargain. The honest chemist (whether wholesale or retail, whether of the old or new school) has embarked capital of time and money in qualifying himself for his business; he must keep a respectable appearance both in his person and his premises: and his customers' interest runs with his own in demanding that his legitimate profit shall suffice to keep him out of temptation. It may be thought that he is well able to take care of himself (and we trust, even in the face of the present controversy, that it is so) but we confess that we shall be well content if the present strife finds its solution in the chemist's discovery that neither the public nor the profession desire the trade of homœopathic medicines at "cut-throat" prices.

It cannot be too widely understood that the prescribers of homœopathic drugs are under exactly the same conditions as their brethren of the older tradition with regard to the use and sale of secret remedies. Indeed, he who prescribes homœopathically is, by the definition we have given, restricted to the prescription of single drugs either alone or in alternation; his prescription is by its simplicity the less subject to a charge of secrecy. His work is at least as far above the board as that of the most complex "orthodox" physician. With proprietary articles and secret nostrums he has no truck whatever. The position of the homœopathic chemist is not exactly the same as that of the allopathic chemist. *Quâ* chemist it is true, he enjoys with other chemists the right to

register, put up and sell mixtures and preparations of any kind, provided that he keep within the laws set forth on that subject. We claim, however, that by his assumption of the adjective "homœopathic" he has waived this right. *Quâ* homœopathic chemist he has restricted himself to the use of the homœopathic pharmacopœia; and when he makes use of his position to display and recommend mixtures of drugs under fanciful and misleading names, or simple drugs under any other than their ordinary and proper names, before customers who resort to his shop for the purpose of obtaining homœopathic drugs either by prescription or on their own initiative, then he is using his title as homœopathic chemist with the direct intention of misleading the public and of betraying and subverting the principle upon which that title is based. The same may be said of him where he advertises under the guise of a homœopathic chemist things which are incompatible with that designation. He may be either hare or hound; any attempt to combine these positions should expose him to the opprobrium of both parties.

Homœopathy has its own struggles both behind and before it; it cannot afford to harbour those who betray it from within its ranks. We do not proclaim that it possesses the only means of alleviating and curing disease; we do claim that it possesses the only known and long-asserted *law* of therapeutics. Whatever obscures that single issue complicates and weakens our position, and those who so conduct themselves as to obscure that issue while professing to help its success are the most dangerous enemies of homœopathy, whom we can scarcely disclaim too promptly or too plainly.

At the present time, perhaps from the want of a plain word on the subject, there is a lamentable laxity in this matter. It is not from want of opportunity that we give no names or examples, but rather in the determination that we will not throw open our correspondence columns to gratuitous advertisements disguised as self-defence. It is to be hoped that the members of the "homœopathic medicine trade" will abandon fratricidal strife and address themselves to bearing their honourable title honestly and uprightly.

## DR. HUGHES' INDEX TO OUR PATHOGENETIC MATERIAL.\*

By JOHN WILLIAMS HAYWARD, M.D., M.R.C.S., &c.

You will, of course, remember that at our 1890 Congress, held at Bournemouth, Dr. Hughes presented an outline of his plan for an index to the *Cyclopædia of Drug Pathogenesis*, and that an exhaustive discussion took place on his proposals, with the result of a general approval. A full report of this discussion was published in the *Monthly Homœopathic Review* for November of that year. It is not necessary I should trouble you with a review of that report, but it would well repay fresh perusal now that the index itself is in our hands.

You will also remember that it is mainly to Dr. Hughes's initiative and persistent advocacy we are indebted for that mine of pathogenetic wealth, the *Cyclopædia of Drug Pathogenesis*, published conjointly by the British Homœopathic Society and the American Institute of Homœopathy, 1885-91; also for that most excellent rendering into English, by Dr. Dudgeon, of Hahnemann's *Materia Medica Pura*, issued by the Hahnemann Publishing Society, 1880-1; and for the large handsome volume of Hahnemann's *Chronic Diseases*, issued by Messrs. Boericke & Tafel, 1896. For these we are, of course, duly grateful. He has now also provided for us a complete, reliable and handy Repertory to all these, thus laying us under another obligation. Our best gratitude will be diligent use of these helps.

In preparing an index to the *Cyclopædia*, Dr. Hughes has done well to include the *Materia Medica Pura* and *Chronic Diseases*. Hahnemann's catalogues must, of course, always and ever have place and precedence in all our collections of pathogenetic material, and be referred to in every index thereto. The *Cyclopædia* is, however, the most recent, the most scientific and perhaps the most valuable of our collections, especially for the student of materia medica, and we must all be, and continue to be, really students thereof. It has, however, all along been felt that an index was necessary to enable the practitioner to make use of all the capabilities of the very valuable material thus provided. Dr. Hughes has now prepared this for us, and it has been supplied to the members of

\* Read at the Annual Meeting of the British Homœopathic Congress held at Leicester on June 8th, 1899.

the British Homœopathic Society free of charge, and it is hoped no homœopathic practitioner the world over will be content to be without it.

One of the main objects in view in undertaking its preparation has been to recall us to the true method of Hahnemann (viz., *similia similibus curentur*, worked with the effects of drugs on the healthy) as distinguished from the empiricism so largely practised by many of those who appropriate to themselves the honour of Hahnemann's name, but who deceive themselves into the belief that they can practise homœopathically without frequent study of the materia medica and without continually referring to it by means of an index or repertory.

On its title page this work is called *A Repertory to the Cyclopædia of Drug Pathogenesis*. But it is more than this; it is also an index to Hahnemann's *Materia Medica*, his *Chronic Diseases* and his *Fragmenta de Viribus Medicamentorum*; it thus includes within its range the whole of our pathogenetic material. It is also a general index, embracing the whole body, not merely some special organ or disease, as the eye, the heart, cough, diarrhœa, &c., but all the organs and alldiseases.

With the form in which Hahnemann's material is presented—the schema—we are all familiar. The material of the *Cyclopædia* in part corroborates Hahnemann's provings, and in part provides new matter; its form of presentation differs from that of Hahnemann in being in the original records of the provings, poisonings, experiments and *post-mortems*. The Hahnemannic form is peculiarly adapted to strictly symptomatic treatment, that of the *Cyclopædia* better enables us to trace likenesses to natural diseases and to diseases as wholes. As an index to both kinds of material this Repertory meets the requirements as well of the rigid symptomatic as of the physiological and pathological prescribers, enabling each to find his ideal *simile* or *simillimum*, if such exists in our pathogeneses, one of its distinctive features being reference to the exact place in the materia medica where the symptom may be found with its natural connections and with its conditions and concomitants, and where always it should be looked up before prescribing.

In the references to the *Cyclopædia* "I." means provings, "II." poisonings, "III." experiments, as in the



*Cyclopædia* itself, the number of the observation, and sometimes the line, also being indicated. References to Hahnemann's *Materia Medica* are distinguished by "H" and the number of the symptom; references to the *Chronic Diseases* by "Ch—D.," and the number; and to the *Fragmenta* by F. de V. and the number; [see p. 7 "Introduction"]. Of the *Chronic Diseases* the symptoms that have been proved to be untrustworthy have not been given in this index. [See p. 3. "Introduction"].

Of this pathogenetic material we have in English, besides Allen's *Encyclopædia*, four volumes of the *Cyclopædia of Drug Pathogenesis*; two volumes of Hahnemann's *Materia Medica Pura*, and one large volume of his *Chronic Diseases*; these, together, furnish fairly full pathogeneses of over 200 different drugs, besides partial pathogeneses of some 200 more, giving an immense mass of pathogenetic material with which we may avail ourselves of the law of similars, and, as Hahnemann says, "cure disease quickly, pleasantly and permanently." But, how shall we do this? How shall we make use of this material? How shall we make ourselves able to use it promptly and efficiently in the consulting room and at the bedside? It is all very well to have it on our bookshelf, but that will not enable us to cure diseases with it. There are, I think, only two ways possible, viz., (1) Reading and remembering it; (2) Having and using an index to it. The first, that is remembering it, is of course quite impossible, for though we may read it over and over again ever so carefully, we cannot so remember the evidence afforded as to have it ready for prompt use in our daily work. We are, therefore, shut up to the second, viz, using an index or repertory. It is, consequently, of the utmost importance that we all possess such an index as the one now under consideration, and that we constantly use it in our daily work. It is utterly impossible otherwise to utilise to the full the natural relationship between medicines and diseases, or to really practise homœopathically.

Of course, we must have previously made ourselves acquainted with the main features of the different pathogeneses, with the pathology as well as the symptomatology of each drug, so that when the index refers to any particular symptom we may be able to decide

whether it is an idiopathic effect of the drug, or only sympathetic from some other organ.

By reading over one after another the accounts of the provings, poisonings and experiments given in the *Cyclopædia of Drug Pathogenesis*, we acquire a better general idea of the pathogenetic effects of drugs than can be obtained by any other means; we see the gradual evolution of drug diseases and perceive their likeness to natural diseases. This is, however, only general knowledge, and of only general application; it does not, and never can, serve for true homœopathic treatment. For this we must adapt the individual symptoms or groups of symptoms of drugs to the individual symptoms or groups of symptoms presented by patients. This is not always easy, for, however good our memory, we cannot possibly remember all the symptoms and groups of symptoms of our immense mass of pathogenetic material. We must, therefore, have some means of refreshing our memory at the time, at any rate in the consulting room if not at the bedside. Now what are these means? As already stated the only means possible is a suitable index or repertory, and this should be handy in size and convenient in form, and should point to all the symptoms that have reasonable credentials, but only to such. It should also indicate in which of the works they are to be found, so that each practitioner may judge for himself whether to trust to them or not.

Such a repertory is that of Dr. Hughes.

It differs from all other repertories in several particulars, all of which are, I think, improvements. One of these is that in its general arrangement it is not alphabetical, but in the form with which we are familiar in the works of Hahnemann, viz., anatomical or schematic, wherever possible pointing us to regional or systematic rather than to merely verbal similarities. Another is that the pathogeneses are contemplated not as simply isolated drug effects but in the same way that we contemplate our patients, viz., as displaying pictures of morbid states. Another is that fever is recognised as a derangement of the circulatory system, and includes the fever symptoms of the skin; another, that the interior of the nose is recognised as belonging to the respiratory organs; and another that under the division

"skin" are included all true cutaneous disorders wherever occurring, whether on the face, trunk or extremities, and the modifications of the sudoriparous glands whenever independent of fever.

Our pathogenetic material is referred to under (1) Twelve *primary* "divisions," viz., Nervous System, Head, Eyes, Ears, Face, Digestive System, Urinary Organs, Reproductive System, Respiratory Organs, Circulatory System, Back and Limbs, Skin, Generalities. (2) Each of these is divided into *secondary* divisions, which are also classes and unalphabetical. (3) Under the secondary divisions come "Localities" and the special symptoms, the latter being arranged alphabetically. In these last come first the pains, then the character symptoms, then the medicines, all these being alphabetical.

The primary division, "Nervous System," has been adopted in order to have together under one heading (to which they naturally belong) references to the mental symptoms, to convulsions and paralysees, and disorders of perception and perversions of sensibility, as well as of sleep, which is, of course, a function of the nervous system. These have hitherto been scattered through different parts of our schemata and repertories. The division "Circulatory System" has been adopted so as to have together the references to the vascular phenomena, the heart, fever, and the states of the blood. The division "Digestive System" embraces from the lips to the anus, the whole digestive tube and organs, and the abdomen. The division "Urinary Organs" includes the kidneys and the urine. The division "Respiratory Organs" includes the interior of the nose. The division "Skin" includes the true cutaneous disorders wherever occurring and the modifications of the cutaneous functions whenever independent of fever. Whenever possible, *post-mortem* phenomena are referred to; and to assist reference to the *Cyclopædia* the page and line are indicated whenever such appears necessary for the convenience of the user.

These peculiarities give a uniqueness and value to this Repertory not possessed by any other, save the British.

The whole is preceded by (1) an explanatory introduction; (2) a list of the medicines, with the contractions

used; (8) an outline of the schema or plan adopted, which also serves as an index to the Repertory itself.

Altogether, this is a most scientific and complete index, reliable in matter, handy in form, natural in arrangement, and easy to use, and it does not waste our time and mislead us by referring to merely provers' verbal expressions, where the total pathogenesis presents little or no picture of the patient's sufferings. I have no hesitation in saying that, as well as being the latest published, and therefore up to date, this Repertory is, in my opinion, with the exception of the British, the best repertory yet produced. Having myself had something to do with repertory-making, I was prepared to criticise this on its appearance, but criticism was disarmed on perusal of the work. Nevertheless, I am still convinced that the *British Repertory*, the so-called Cypher Repertory, published by the Hahnemann Publishing Society, under the editorship of the late Dr. Drysdale, is undoubtedly the best designed, the best worked out, and the best fitted for strictly symptomatic treatment. Yet, after testing this of Dr. Hughes, I must confess that I have found it almost everything to be desired in a repertory; and having used it I have found it most helpful. The headings are comparatively few, but very comprehensive, and the arrangement is so natural that one easily becomes familiar with it and able readily to find any particular of a patient's case, if such exists in our *materia medica*. One most valuable feature is that the symptoms to which we are referred are apparently real effects of the drug, are idiopathic not merely sympathetic, so that we may expect the medicine to lay hold of them; at any rate we are not led astray by will-o'-the-wisps of merely verbal expressions of imaginative provers: "There are no signposts to quicksands," its author says. Another excellent feature is the frequent introduction of characteristics of the symptoms, and conditions and concomitants, with cross references and references to the exact place in the *Cyclopædia*, *Materia Medica* or *Chronic Diseases*. Another is the ease with which it can be used—lying on one's consulting room desk its leaves may be turned over whilst we are questioning the patient; we may thus, perhaps, at the first interview, pick out the *simile* or *simillimum* and give immediate

relief, if not by the Repertory itself at any rate by looking up in the *materia medica* the medicines referred to. Reference to one or two places in the index will be all that need be required. Of course in this case as in most others, speed and facility come by practice; practice makes perfect. After a little time such a repertory will be found to be such a help that its use will become habitual and a matter of course, and will be accomplished without the patient perceiving it. But suppose the patient should see what we are doing, it is no disgrace and no sign of weakness or incapacity. If the patient knows anything of homœopathy he will understand the object, and will be grateful for our evident desire to select the proper medicine at once without involving him in a second visit, and patients usually go to homœopathic doctors because they are homœopathic, and for homœopathic treatment; and if he does not know anything of homœopathic practice—and by this little extra trouble we are enabled to select the right medicine and so give prompt relief—he will not cavil at our carefulness, but will be all the more satisfied and more attached to us, and if not cured by the first prescription he will come again and give us another chance. Only very few patients now-a-days are so ignorant and unreasonable as to expect us to remember all the uses of medicines; and on our part it is merely imposition to pretend that we do, or carelessness as to whether we select the right medicine or not. The same may be said as to writing down the patient's symptoms, especially if done in shorthand. Besides, homœopathic practitioners with a reputation have frequent consultations through the post; here there is no overlooking, and the help of a familiar repertory may make the difference between success and failure.

With the detailed narratives as given in the *Cyclopædia*, the excellent rendering into English of Hahnemann's *Materia Medica* and *Chronic Diseases*, and the splendid index to the whole now provided for us, homœopathy requires little more than diligent and faithful application in practice. Of course it will never be perfect and complete so long as one poisonous substance remains unproved, and one proving remains unindexed; but with only its present material in its present form, not only ought family tendencies to constitutional disease to

be eradicated or considerably diminished in all families fortunate enough to be in the hands of diligent and zealous homœopathic practitioners, but all curable diseases ought to be cured quickly, pleasantly and permanently; most incurable diseases ought to be relieved, and most painful diseases to be soothed, without resort to opiates and such-like expedients. Thanks to Hahnemann and Hughes, Drysdale, Dudgeon and other such-like and ever-to-be-remembered worthies!

#### DISCUSSION.

Dr. HAYLE said the subject was an important one; at the same time he thought the less they had of repertories the better. They ought to have scientific expositions of the drugs with a list of some of the characteristic symptoms at the end of each exposition. He thought the most important part was to diagnose the patient's case, to get the symptoms and put them in order—to get a correct diagnosis as far as possible. Dr. Graham Steele, of the Manchester Infirmary, used to say that diagnosis was the first thing, the second thing and the third thing. He (the speaker) would say that diagnosis was the first thing and the second thing, and that homœopathic treatment was the third thing—(applause)—i.e., have a correct diagnosis of the patient and a correct diagnosis of the action of the drug, and treat the first homœopathically by the second. If they had a large number of patients it was necessary that they should choose the medicines quickly. He would rather spend half an hour in diagnosis and five minutes in choosing a medicine than five minutes in diagnosis and half an hour in choosing a medicine. The less in his opinion they had to do with repertories the better, only let them have scientific expositions of the medicines.

Mr. WILKINSON said Dr. Hughes had enormously enlarged the area over which they had power. He had not been content with this, but in his repertory he had given roads which made it a pleasing place wherein to dwell. They were not only grateful to him for what he had done, but also for what he had refrained from doing. He had given them good food, well cooked, while he had not pre-digested it; he left them to look to the symptoms, but not without understanding the drugs with which they proposed to deal, and therefore he had contributed beyond all men to the scientific exposition of homœopathy. (Applause.)

Dr. PROCTOR said he had listened to the paper with some amount of pleasure and interest, and he found it was a combined didactic essay and a eulogy. He had only one fault

to find, and they might consider it a trifling one—that was that it was just a hundred years too late. What Dr. Hayward had said as to the advantages of repertories had been presented to them ever since the time of Hahnemann, and if one could take a census of opinion among homœopaths, he thought it would be found that, as in the case of miracles, the age of repertories is passed. Dr. Hayward mentioned the repertory as being a most congenial companion a man could carry, a most convenient reference to go to even in the presence of the patient, as if all patients were fully notified as to the necessity of consulting the repertory; and if the doctor must take up half-an hour in looking over a book, why, the patient would feel all the more grateful if it was done in his presence. (Laughter.) He was inclined to think that they should regard the repertory very much as they regarded Johnson's dictionary, *i.e.*, a painful necessity, and not a thing to be desired, but a thing unavoidable. Occasionally, they had to refer to a dictionary to find the right meaning of a word, and more often they had to refer to a repertory to find the right guidance to a symptom. He took it that anything that would simplify their method of selecting medicine would be a great boon to homœopaths. As Dr. Hayle stated, diagnosis was the most important thing; three diagnoses he would have, each alike. Well, he (the speaker) would suggest two diagnoses parallel to each other. They had to learn—and he thought this was the first necessity of all treatment—to learn first of all the diagnosis of disease, and afterwards the diagnosis of medicine. (Hear, hear.) But the diagnosis of medicine was not, as they all knew, to be obtained by merely collating one or two detached symptoms. The whole of the symptomatology of any drug has to be studied before one can arrive at a diagnosis. At present, he confessed, they were not expected to do without the repertory, in spite of all the advance made, and a great deal of Dr. Hayward's eulogy as regards the present repertory is well deserved. But he thought that the *British Repertory* had one advantage over the present one, and that was in the difference of the type which enables the medicine to be more quickly picked out. In the present version the type is too uniform, and he thought it would be well, even at an additional expense in printing, to use a distinctive type. That would very much improve the repertory. (Applause.)

Dr. POPE said he only desired to add one word. However important the repertory might be, it was impossible for any one to use a repertory, either Dr. Hughes' or any other kind, with advantage, without a thorough practical knowledge of the entire mode of action of each drug. (Hear, hear.) Daily reading of

the *modus operandi* of at least one drug as given in Dr. Hughes' *Pharmacodynamics* was essential for a thorough knowledge of the *materia medica* to be kept up to date. The knowledge of *materia medica* was very easily lost, but very easily kept up by receiving continual reference and continual study. They had many opportunities for such continuous reference and constant study now, which forty years ago could not be secured, and the daily reading of a drug and study of its action, the getting through the whole *materia medica* in the course of the twelve months, would enable them to use the repertory with greater advantage than if they went to it with only a superficial acquaintance with the *materia medica*. They must depend upon their knowledge of the right action of the drug and regard the repertory as merely a Johnson's dictionary. (Applause.)

Dr. A. CLIFTON said he always used a repertory as far as he could, but only as a chamber book, and not whilst seeing the patient. The *Cypher Repertory* had always appealed to him as being the best. Since he had been out of practice he had not had occasion for reading repertories to such an extent as formerly, finding more pleasurable occupation in other books, but so far as he had read Dr. Hughes' book he found it a very good one. So far as the *cypher dictionary* was concerned he would mention a case which a month ago was brought to his notice by a friend. A lady had been under the care of a medical man. She had every day intense pains in the head, gradually coming on until noon, then gradually going away, and added to that was a numbness in the head and face, with cold sweats at night. Years ago he had consulted the *Cypher Repertory* and had committed to memory the most important medicines for pains gradually coming and going, these being *verbasum*, sulphuric acid, *stannum*, and *platinum*. That was his use of the repertory. But, in addition to the repertory, he would say that before a man begins practice he ought to have a knowledge of the chief features of the *materia medica*, so as not to have occasion for much reference to the repertory. (Applause.) It was of the greatest importance that all homœopathic practitioners should have a thoroughly grounded knowledge of all drugs. (Applause.)

Dr. HUGHES said the paper divided itself into two parts, one a plea for the proper use of the repertory, and the other a criticism, and a very appreciative one for which he thanked Dr. Hayward, of his book. As regarded the first matter, exception had been taken by some speakers, but they had answered themselves by admitting the necessity—for a painful necessity was still a necessity—of using the repertory. He sympathised with those gentlemen very much in their dislike



of the use of the repertory. But he did feel that, in justice to homœopathy, and to the patients to be treated, they must frequently make use of those indices to the symptom lists. There were many cases in which the diagnosis did not help them in searching for a remedy. Then they must go to the *materia medica*. His first endeavour had been to prepare a suitable *materia medica*, with the actual effects of drug pathogenesis, as laid down by Hahnemann. But this was for the student, and he felt it would not be justifiable if he left it without an index for the practitioner. He had been working with a good heart, and he thought the time had not been ill-spent. He was very thankful to Dr. Hayward for his appreciation, because he naturally expected him to be prejudiced in favour of the *Cypher Repertory*, to which, however, there are objections known to all. There was this advantage in the present repertory—that if he was spared for two or three months more there was a prospect of it being finished. Now he was afraid the *Cypher Repertory* would not come to be finished. On the principle that a live ass is better than a dead lion he thought perhaps a finished work would be deemed better than an imperfect though more ideal one. The objection as to the type was fairly taken. He had originally put the medicines in italics, but on the printer's suggestion he had abandoned it. He might say that at the present time the *British Repertory* had the names of the medicines in plain Roman type and not in italics. Dr. Hughes went on to describe the advantages of his repertory and said it was not merely a literary index as other repertories had been. It does not say "Such and such a symptom is to be found in the pathogenesis," but it says "If so and so strikingly occurs it may be taken as a real symptom of the drug and be used as a firm basis for prescribing." This was a very important point, and he really hoped when the work was finished that it would enable those using the repertory to do so with satisfaction and success. But no one acknowledged more readily than he did the need of a general knowledge of drugs. As they became more acquainted with the general action of drugs and the organs they act upon, they would be able to dispense more and more with these repertories, but until that time he did think and hope that his repertory would be found of some service. (Applause.)

Dr. HAYWARD, in replying, remarked that he had nothing to say, except that he was very much obliged to them all for the kind way in which the paper was received, and he expressed gratitude to each of the gentlemen who had spoken on the subject. As to the objections to using the repertory, he would say that when they were in a difficulty, and had to

cure a disease on the evidence afforded by pathogenesis, they had to find the remedy. They could not remember them all, and what were they to do? They had an index which would tell them what they were looking for, and they had to go to it, and Dr. Hughes' was the best he knew that would do it, except the *British*. (Applause.)

## THE RELATION OF SURGERY TO HOMŒOPATHIC THERAPEUTICS.\*

By HENRY MASON, M.D., M.R.C.S. Eng.

AMONG the many difficulties and dilemmas in which a medical man in active practice frequently finds himself, there are few which are more calculated to give him greater anxiety, and as the popular saying is "to take it out of him," than those cases which occupy the borderland between the domain of the physician and that of the surgeon. The difficulty he may have in arriving at a decision is often extreme, the necessity of doing so rapidly is often most urgent and imperative, and the result of it, not unfrequently, is of vital importance to the patient. No one of us can lightly regard his responsibility under such circumstances nor fail to be stimulated thereby to use his utmost endeavours on behalf of those who have sought his help and literally placed their lives in his hands. The task is no light one, and demands perhaps more knowledge and *nous* on the part of the medical practitioner than are required of individuals in any other of the professions or occupations of life. In addition to the power of accurate, careful observation of all details, objective and subjective, it requires a knowledge as thorough as possible of every science which can bear upon the subject, especially a knowledge of the functions of life, of the natural history of disease, and of the uses and limitations of drugs. We, as homœopaths, are more frequently placed in such positions than our friends of the old school, since, possessing a rational belief and confidence in the action of drugs, we attempt to relieve many conditions, which, in other hands, would find their sole help in the knife of the surgeon.

\* Read at the Annual Meeting of the British Homœopathic Congress held at Leicester on June 8th. 1899.

The responsibility involved in treating a case of appendicitis, of intestinal obstruction, of a growth which may be malignant, by methods in which surgery plays no part, is not an enviable one. A discussion upon the position we should adopt in some of these emergencies, especially as it is a position very different from that adopted by us or our predecessors some twenty or thirty years ago, cannot fail, I think, to be interesting and profitable.

In order to explain the reason of this change of front it will be well to make a brief comparison of the progress and developments which have taken place in medicine and in surgery in recent times. The surgeon's art, it is almost unnecessary to remark, has, chiefly owing to the introduction of anæsthetics and the discovery of the principles of asepsis, made enormous strides, compared to which the progress of the physician has been much less conspicuous. As an illustration of the former, compare the operation on Rab's mistress as recorded by Dr. John Brown of Horæ Subsecivæ fame, with a similar one to-day. The description of excision of the breast, as it was performed some 75 years ago, though much softened down and hurried over by that brilliant writer, is still a horrible tale, relieved only by the heroism of the sufferer. Then this operation was one of the most dangerous in surgery and had a very heavy mortality. Now, excluding the drastic methods of Halstead and one or two other surgeons, it might almost be called a minor operation, and has practically no risk apart from that of the anæsthetic. What are considered major operations now were almost unheard of then. Since the advent of Listerism the whole field of abdominal surgery has sprung into existence. Before that epoch cœliotomy could rarely be considered a justifiable proceeding. Many affections of the abdominal and pelvic viscera which formerly were regarded as beyond the pale of either physician or surgeon have been successfully treated by the latter. In our osteotomies, excisions and resections we make the crooked straight and the rough places plain after a method undreamt of by our ancestors.

To turn from this to the progress of the practice of physic the outlook is somewhat disappointing. With the important exception of the treatment of certain

infectious diseases by serum, modified by transmission through some of the lower animals, without doubt a treatment closely allied to, if not identical with, homœopathy, it is difficult to point out any real advance in the cure of disease. Patients receive better care and nursing, are less likely to suffer injury from heroic methods of treatment than they were formerly, and under homœopathic therapy I believe the majority recover far more quickly than under any other, but in the actual cure of such diseases as rheumatoid arthritis, leucocythæmia, spinal scleroses, malignant growths, perhaps I may say epilepsy, diseases with the natural history of which we are fairly well acquainted, and which have no tendency to get well of themselves, we are much as we were a hundred years ago, before the introduction of the new therapeutics. Now and again discoveries are announced, series of cases cured by some new drug or some original medical gymnastics, but in other hands, and under apparently the same conditions, the remedies used fail to cure, and we are rendered either sceptical of the diagnosis or suspicious that the observer has not been endowed with achromatic vision. This remark applies as much to homœopathic records as to others. We are apt to forget that diabetes is not always a dangerous disease, that when it affects women at the climacteric, the patients frequently recover, whether you give drugs or not. Malignant disease often runs an extremely variable and chronic course. I have seen a lymphosarcoma of the neck become reduced in its size by one-half for a period of several weeks, and then resume its onward march to the rapid dissolution of the patient. The natural history of disease is an immense study. No two cases are ever exactly alike or run exactly the same course. Moreover, when we remember the difficulties we meet even in the present day, with the advantage of all modern appliances and methods of research in making accurate clinical observations, we feel that too much reliance must not be placed on the records of the past. Doubtless with many of us there is often a good deal of unauthorised, illogical cerebration going on, and we arrive at conclusions which, having omitted several intermediate stages in the argument, are totally unwarranted. I could supply you with innumerable illustrations of this from our literature. I

am aware of having often been guilty of it myself. Very likely before this paper is concluded I shall be found as flagrant an offender as the Auld Licht who, in passing judgment upon the great Scotch poet, stated that he was of "opeenion that the works of Robert Burns had an immoral tendency. He had not read the works of Robert Burns, but that was his opeenion."

Anyone who attempts a general survey of the literature of homœopathic therapeutics could hardly expect it to make rapid progress. The appalling accumulation of pathogenetic details, additions to which are made every day, is viewed, I fear, by many of us with more or less consternation, and a good many grains of natrum muriaticum are required to assist us in its digestion. Life is too short for the study of it. The labour of cleansing our Augean stable of materia medica is enough to make the boldest tremble. Hercules was a pigmy in comparison with Hughes. I would not, on any consideration, speak slightly of the noble army of provers, but one cannot help thinking that if the quality of their work had been somewhat improved, and the quantity of it diminished, we should be much better off. When, in the treatment of an obscure case, after laborious research and patient investigation through our cyclopædias and repertories, we light upon two or three simillima (excuse the Hibernicism), each of which seems to fill the bill, we prescribe first one, then the second, then the third, and the result is disappointment; our hearts grow sick and we realise the uphill nature of the task before us. Three important postulates are required for our Utopia. Let us have a reliable drug pathogenesis, a ready method of applying it, and ability to diagnose the cases which come before us, then the surgeon's sphere will be extremely limited, and broken bones, accidents, and the like, will comprise the extent of his labours. Towards this end, distant though it seem, we must work onwards, since we believe that this is the path in which that progress which shall be most beneficial to the human race must be made.

Whilst rejoicing in the progress of the surgeon's art, there is not wanting evidence, to my thinking at least, that it has gone beyond its proper sphere, and that the operator in his impatience with the slower methods of the physician, or perhaps in his zeal for some pet

procedure of his own, has performed operations totally unjustifiable. I could give you many illustrations of this. Take one only. Professor Dieulafoy, twelve months ago, recorded seven cases of superficial erosion of the gastric mucous membrane, the initial stage of ordinary ulcer of the stomach. For this gastrotomy and suture of the part involved is advised on account of the hæmorrhage. In operating, careful examination of the mucous membrane is necessary, or the lesion may be overlooked. This occurred in one case, but it was found subsequently at the autopsy. Professor Dieulafoy's example has been followed by several surgeons, but the results show, I believe, far more failures than successes. Failures, especially of this class, are not always recorded. Death from hæmorrhage in gastric ulcer is, I venture to submit, very rare and exceptional. A consulting physician of very large experience in the Midlands told me that he did not remember having seen a case. The circumstances, therefore, under which a patient suffering from hæmorrhage from ulcer of the stomach, without perforation, should be condemned to such a dangerous operation can hardly be imagined by a homœopathic practitioner.

In our school, on the other hand, there can be little doubt that until the last ten years or so the practice of surgery has been greatly neglected. It has very rarely happened that unnecessary operations have been performed, but rather the kindly knife has been withheld when it would have been of inestimable benefit. I am aware this will open up a question quite as debatable and perhaps as insoluble as the dose problem. Perhaps also as in that case the result will depend upon the individual. Still here and there it will be possible, I think, to formulate certain rules which may be followed more or less implicitly.

It is out of the question to attempt anything like a general survey of the whole subject, and I therefore propose to limit my remarks to new growths, and one or two affections of the intestinal tract.

In regard to cancer, most of us, I think, will agree that when it is possible and probable that the whole of the disease can be removed with comparatively little danger it should be. By all means give medicines—those which have occasionally been found by experience and which

are likely by their homœopathic relationship to be beneficial; but we are not yet in a position to advise any patient to postpone for a single day the chances of recovery by operation. This position, I think, will be found in accord with the modern pathological theory, now generally accepted, that cancer is of local origin and the result of the inoculation of some specific organism. It may be compared in very many respects to tuberculosis. Probably the subjects of it have some peculiarity, or idiosyncrasy, inherited or acquired, which renders their tissues specially suitable cultivation media for the growth of the tubercle bacillus, or the seeds of cancer. In the latter case these have been suspected by several observers to belong to the yeast family; to the saccharomycetes according to Mr. Plimmer; by others, especially Dr. Bra, of Paris, to the protozoa. Plimmer examined 1,278 cancers from various parts, and found these bodies in 1,130. Of those in which he failed to find them, 63 were densely fibrous and atrophic. The parasites are round bodies of diverse sizes from  $\cdot 004$  mm. to  $\cdot 04$  mm. in diameter. They multiply by budding or division into two. They are not found in all parts and only for certain at the growing edge. These bodies can be isolated and cultivated outside the body. The cultures when introduced into certain animals can cause death, with the production of tumours, so far of endothelial origin. Pure cultures can be made from these tumours, which if inoculated will again produce similar growths. Probably there is always some constitutional predisposition, but this alone will not give rise to cancer any more than it will to tuberculosis. Spontaneous generation does not occur even among the fungi or protozoa. The bacillus, germ, or parasite, has to be implanted into the system in some way, and once there, the soil being suitable, it develops into the cancerous growth. If this be the case, early operation, complete eradication of the original nidus, is undoubtedly the most effectual treatment that we have at present, and gives the best chance to the patient. I admit at once that this is not a scientific treatment, that it is opposed to, and falls far short of our ideal, but in this instance our ideal is hidden from us and remains veiled in the mists of futurity. The latest statistics of this method are encouraging. Mr. Watson Cheyne has reported 59 per cent. of his

breast cases as free from recurrence at the end of three years. Outside of homœopathic practice I have not seen recommendation of any other treatment in recent years. It is long since Sir James Paget remarked that he did not believe one case in 500 of typical breast cancer remained free from recurrence and was cured by the operation of excision. My own experience has not been extensive enough to draw conclusions from. I can only point to one case of breast cancer verified by microscopic examination which has passed the four-year limit. I have had ten breast excisions. Five turned out to be cystic or simple adenomata. Of the rest, in four the recurrence was rapid. I have the usual complaint to make, that patients will not come until the disease is far advanced and more or less disseminated through the system. In accepting the foregoing theory and adopting the operative or even any other treatment, there is one important corollary which follows, and to which, I think, attention has not been sufficiently directed, viz., that the patient do not return to the habitation and the conditions of life under which she dwelt when the disease originated.

Possibly in the near future serum-therapy may become applicable and lead to good results. The injection of pure cultures of yeast on the ground of the disease being of blastomycetic origin, has not so far as I am aware led to anything definite. Why this method should be countenanced and looked on with more or less favour by the profession at large, and at the same time homœopathic therapeutics be tabooed, is an interesting conundrum.

In malignant diseases in other parts results of operative treatment are still more encouraging. Epitheliomata affecting the lips and tongue are most amenable to operation, also malignant disease of the extremities. In July, 1897, I removed a large spindle-celled sarcoma, originating in the patella, from the leg of a man aged 48. The patient would not hear of amputation. The growth recurred in five months, exhibiting two bleeding fungating masses. I then performed amputation in the upper third of the thigh. He has remained for eighteen months free from recurrence. Without operation he would in all probability have been dead twelve months ago.



I do not expect that these views will be in accord with those of all present, but I very strongly feel that, when it is probable that the whole nidus can be removed without great risk, operation should be undertaken without a day's unnecessary delay. Dr. Hughes in his *Pharmacodynamics*, speaking of *hydrastis*, considers that in suspected mammary scirrhus we are well justified in withholding the knife or the caustic, and first giving our patients the benefit of the local and internal use of this drug. I do not know if Dr. Hughes still holds to this opinion, but I venture to submit that if these remarks are applicable to all other drugs which have as great claims as *hydrastis*, much time, the value of which to the patient may be incalculable, will be wasted.

Of course the well-known contra-indications must be borne in mind, (1) when the growths are deeply adherent, (2) where there are glands enlarged which cannot be removed along with their lymphatics, (3) where there is cachexia and evidence of visceral deposit, (4) when it takes the form of cancer *en cuirasse*. I removed one of this latter variety lately but shall hesitate before doing so again. Recurrence in numerous disseminated patches all around showed itself in less than three weeks. (5) Certain cases of rodent ulcer are best left alone.

In the case of definite non-malignant neoplasms there is not the same urgency for decision. I should like, however, to mention one of this class which in its effect upon the duration of life might be classed with the malignant growths. I refer to villous tumour of the bladder. This is a disease the prognosis of which, according to our text books, is bad. I have found no record so far as I have had access to the literature of the subject of any case recovering without the aid of operation.

My patient was a young lady aged 16. I saw her first on April 7th, 1898, and she had then had hæmorrhage from the bladder for about a fortnight. The presence of blood in the urine was always evident. Generally, the urine was all bright red, but occasionally dark. There was no pain, and at first no constitutional disturbance. She had scarlet fever six years previously, but there was no history of kidney trouble following. Cardiac action was rather irregular, but there was no sign

of valvular disease. Microscopic examination of the urine showed no tube-casts and nothing abnormal except blood corpuscles. Menstruation was regular. This state of things continued in spite of all treatment for about five weeks, till May 12th, when I was able to make a definite diagnosis of what had before been only suspicion. Then several villous tufts were passed and continued to pass daily. Hæmorrhage continued very free and the general health began to suffer. The temperature kept always slightly raised, 99° to 100°. The cardiac irregularity was more marked. In view of this diagnosis and the improbability of recovery without operation I was on the point of advising supra-pubic cystotomy, but, before doing so, thought I would try arsenic. I have, three or four times, seen multiple papillomata disappear during its administration, especially those fungiform ones, situated on the scalp in young adults, and as this seemed a similar pathological condition, papillomatosis as Hutchinson calls it, only situated on the mucous membrane of the bladder, it seemed worth a trial. On May 16th I gave liq. arsen.  $\mathfrak{m}$  ii. twice daily. Almost immediately improvement set in, in fact no serious bleeding occurred after the following day. On June 10th the urine was quite free from blood. On the 17th she had very severe pain in the abdomen, especially in the neighbourhood of the left kidney. This continued till the 24th. Urine became scanty and there was again dark sediment. A scarlatiniform rash appeared on the 20th. The left kidney could easily be felt swollen and tender to touch. The explanation probably was obstruction by the growth of the orifice of the ureter. Villous tufts and pieces of membrane continued to come away, and after this the patient rapidly progressed. On June 30th she was free from pain and hæmaturia and has remained so since. In this case certainly the physician scored, and the surgeon, I must admit it, was somewhat disappointed.

Let us now pass on to one or two affections of the digestive tract. The question of operation in intestinal obstruction is so fully discussed in our text books that I need do little more than allude to it. Acute cases of obstruction are mostly due to some mechanical condition or accident, and consequently require mechanical or surgical treatment, chronic cases to perverted function or

nutrition, and therefore more likely to be amenable to drug therapeutics. A very large percentage of these latter will be readily relieved by opium, nux vomica, belladonna, plumbum, &c., but if the obstruction, though not complete at first, threaten to become so, the physician should not hesitate to call in surgical aid. When there is complete obstruction and the diagnosis of it clear, the earlier operation is resorted to, the better chance has the patient. I do not speak of the differential diagnosis as to the cause—that can often be only suspected—but of the simple diagnosis of complete obstruction, which can generally be made in a few hours. Spontaneous recovery after strangulation by bands, by volvulus, or by internal hernia, cannot be expected. The prognosis of such cases under any treatment up to quite recent times was so bad that operation was condemned or ignored. The late Mr. Greig Smith, in the last edition of his *Abdominal Surgery*, 1897, writes: “At the present day, in spite of the great advances in abdominal surgery and the increased certitude of diagnosis, there are many medical men who would consider it no discredit to stand by with folded hands while a patient is dying of an unrelieved internal strangulation of the bowels.”

Although operation for obstruction has a very heavy mortality, still it has a distinctly lower mortality than if such cases were left to themselves, for then their chance of recovery is almost nil. The latest results in skilled hands have been most encouraging, and give a mortality of not more than 20 per cent. The extremely interesting and successful case recorded by Mr. Knox Shaw in the *January Review* gives very convincing proof of the advisability of surgical interference. Even cases apparently hopeless have recovered by operating under cocaine only. A small abdominal incision and the insertion of a large drainage tube into one of the most distended coils of intestine has given great relief and been followed by complete ultimate success. Operation should, however, be undertaken early, since as Lusk has remarked, “the resources of surgery are rarely successful when practised on the dying.”

Appendicitis is a disease which up to quite recent times was treated almost exclusively by the physician. The last ten or fifteen years has brought about a considerable

change, and many of us think that this has been of a too radical character and the surgeon unduly encroaching. There has been a very great accumulation of literature on this subject, and as a result the following rule seems to have been established and received the support of many surgeons:—If, in spite of suitable rest and medical treatment the symptoms, both general and local, are not commencing to abate at the end of 48 hours, operation should be undertaken. I take this from one of the most recent text-books, Rose and Carless'. On this point I should like to have the opinion of those of you who have had much experience of this disease. Personally I think operation is very rarely needed, and when it is that it is inadvisable to lay down any such hard and fast rule. The really serious cases, those with generalised peritonitis, the fulminating ones, require operation earlier than that. Those of less gravity will probably not require it at all. I have had a fair number of cases of this affection, and have only found occasion to operate once. This was the case of a female, aged 28. Her illness had lasted more than three weeks, and the whole right side of the abdomen was filled with a hard, brawny mass, extending from Poupart's ligament to the hypochondrium, and inwards as far as the umbilicus. There had been high fever all through, the temperature keeping up between 103 and 104. I performed cœliotomy to the left of the median line, away from the disease. On inserting the hand I found the intestines and abdominal contents on the right side all glued into a mass, quite inseparable and indistinguishable, completely shutting off any abscess, if there were one, from the peritoneal cavity. Accordingly the abdomen was closed and a dismal prognosis given. Immediately after operation, however, the patient began to improve. Enormous quantities of fæces passed, and in about 24 hours the patient had passed from apparently a most grave condition to one of comparative safety. Throughout, in spite of the fever and the excessive amount of infiltration, no purulent formation was recognised either by examination of fæces or otherwise. This case was treated twelve years ago. Now, in the light of modern experience, I would prefer to cut down direct to the appendix. Two cases in which abscess was undoubtedly present have come under my

observation. They were brother and sister. The latter was operated upon by Mr. Treves, but unsuccessfully. In the case of the brother, the abscess burst into the bowel and he recovered. He has had four or five attacks since and a few months ago, during a quiescent period, had the appendix removed.

If we pass on a little further through the intestinal canal we come to a part where hitherto in allopathic practice the surgeon has almost reigned supreme. In fistula in ano, hæmorrhoids and fissure, the knife, the ligature, and forcible dilatation constitute the most important part of the treatment and form a trio without which the practitioner would feel extremely helpless. I venture to think that the cases are exceptional ones in which a homœopathic physician would find it necessary to resort to any of them. An exception may be made in the case of ischio-rectal abscess or fistula in its earliest stage, when I consider the knife should be used freely and unhesitatingly. If, in such a case, when there is some induration or painful brawny infiltration and you suspect the presence of pus, long before fluctuation can be felt, the part be freely laid open under the influence of cocaine, the course of the disease will be very materially shortened and division of the sphincter will scarcely ever be required. Nearly all such cases recover in a few weeks or a month or two without lying up more than a few days, and with very trifling inconvenience. Hepar sulphuris and hydrastis I believe to be very helpful. Exceptionally this disease is more intractable, and several openings form in the perinæum, or occurring as it often does in tubercular subjects it shows no sign of reparative action. In such cases, although operation is often necessary, it should not be undertaken lightly. I will refer to two cases which well illustrate this. One was a man who had been in indifferent health for many years, having a tendency to phthisis. Fistula in ano developed. His general health did not apparently suffer, and, being a shoemaker, he stuck to his last for a long time. Getting tired of his complaint he went into the infirmary, where the fistula was excised. It was a beautiful operation, and the wound healed without suppuration. Immediately thereafter the lung mischief made rapid progress, and he died in about eight months. His fistula, however, was cured.

The other case I operated on myself. He was a strong, healthy-looking farmer of 40 years of age. For more than two years he had gone about with sinuses constantly discharging. There were three or four fistulous tracts necessitating rather a free dissection of the perineum. I divided the sphincter, laid them open, and scraped. The wound healed up nicely, and in a month was perfectly sound. He went home, and a week after was taken suddenly ill with some obscure, but very acute, inflammation about the left knee-joint. He was removed to the infirmary and the leg was amputated. The surgeon who operated, Mr. Bond, told me that it was acute osteitis, and he considered amputation the only safe treatment. I do not, of course, assert that these untoward sequences were caused by the healing of the fistulæ, but "such was my opinion."

I would like to dilate upon hæmorrhoids and fissure, but must content myself with remarking that in a very small minority have I found it necessary to resort to operative procedure. There are endless other conditions which would well repay discussion, such as the question of curetting in uterine disorders, hysterectomy for fibroids, paracentesis for accumulation in the pleural and peritoneal cavities, the operative treatment of tuberculous glands and joints, many special operations upon the eyes and ears, also the removal of adenoids, tonsils, and nasal polypi. I have only touched upon the fringe of my subject. Any conclusions which may be drawn must necessarily be of a mixed and incomplete character, therefore I will not draw any. We are in a transitional stage. The pendulum is still swinging and I would not presume to define its perpendicular.

#### DISCUSSION.

Mr. KNOX SHAW said the President had thoughtfully warned him that he would be called upon to open the discussion, and owing to Dr. Mason having kindly given him the opportunity of seeing the paper, he was in a better position to do so than would otherwise have been the case. He continued: Dr. Mason, by his paper, has raised an important question; the traditions of the past still haunt the profession, and certainly amongst the public there is yet a strong impression that homœopathic practitioners will undertake to cure many diseases for which operation is frequently urged by the old

school. In the early days of homœopathy there arose a vehement opposition to operative interference in disease—an opinion said to be essential to the followers of Hahnemann, but which his teaching certainly never warranted. For he says in *The Organon* (aphorism 186), referring to certain so-called local maladies, "that the relegation of such to surgery is right only in so far as the affected parts require mechanical aid, whereby the external obstacles to the cure, which can only be expected to take place by the agency of the vital force, may be removed by mechanical means." After referring to such self-evident instances as fractures, wounds, extraction of foreign bodies, etc., he contemplates the aid of surgery as a cure "by making an opening into a cavity of the body in order to remove an irritating substance or to procure the evacuation of effusions or collections of fluids." Surely here is a broad enough field opened to the surgeon by our great teacher, Hahnemann. "To remove by mechanical means the external obstacles to the cure." Here is a Hahnemannian text upon which one might dilate at any length. A moment's thought will convince us that our increased knowledge in the pathology and in the causation of disease has materially added to our information as to the obstacles to the cure; and it is in this direction that surgery has made such great advances during the past twenty years. It is an essential part of a successful homœopathic practitioner's work to study most carefully the symptoms induced by disease in their relation to symptoms induced by drugs. This is the significance of symptoms in their therapeutic relation. But it is equally important to be well versed in the significance of symptoms in their clinical aspect. Let me cite a very few instances. How very important it is that we should all be able to recognise promptly the early and essential symptoms of renal and vesical calculus, pyloric obstruction, intestinal obstruction, gall stones, glaucoma, etc., etc., in all of which cases there are "mechanical obstacles to the cure." A want of knowledge to interpret correctly the clinical significance of the early symptoms of any one of these diseases leads to unnecessary drugging, with too often disastrous results. Fortunately, in homœopathic therapeutics the drug itself does no special harm, but the continuance of the mechanical obstacle to the cure leads to changes in the tissues which are not unfrequently irremediable. An exact interpretation of the symptoms will tend to diminish the number of exploratory operations—operations which are a slur upon us as clinicians and diagnosticians, but which must exist, and are justifiable so long as our knowledge is what it is. In taking a broad review of the relation of surgery

to homœopathic therapeutics I would urge that Hahnemann in the past looked to surgery as a valuable means of cure, and that if he were living to-day he would be one of the first to acknowledge and avail himself of its recent advances, and that we as homœopathic practitioners are not doing our duty to our patients by withholding from them its benefits in our present state of therapeutic knowledge. I shall only briefly refer to two of the points touched upon by Dr. Mason. He has spoken rather disparagingly of the treatment of gastric ulcer by surgery. Possibly in the case of an acute gastric ulcer the necessity for surgery rarely presents itself. But the secondary effects of gastric ulcer are frequently a mechanical obstacle to cure. I recently saw a case, in conjunction with our President, where the secondary effects of a gastric ulcer simulated pyloric carcinoma, and it was not until the stomach was opened that the diagnosis was clear, and the possibility of the cure of the patient by a pyloroplasty demonstrated. And now a final word on another subject—the surgical treatment of cancer. Whatever process it may be that excites the morbid epithelial proliferation which constitutes the cancerous process, it is clear that it is of too subtle and intangible a nature to be diagnosed, and that it is the local induration that first attracts our attention, so that for the present we must look upon cancer as a local malady. The vital question we have to consider is, can therapeutics, homœopathic or otherwise, show a better result with regard to the cure of the disease than surgery? I do not mean a few isolated cases, but a series of cases such as have been published by some of our best surgeons. I am afraid not. My present view is, that if we can succeed in curing an appreciable percentage of our cases by operation, as we undoubtedly can, we are more than justified in advising our patients to submit to operation in preference to treating them by medicines, and that it is essential that the operation should be undertaken at the earliest possible moment after the diagnosis is made. If the diagnosis is correct, therapeutic treatment causes only a dangerous delay. It will be a happy day when the therapist can shake our confidence in a resort to surgery in these cases. (Applause.)

Mr. JOHNSTONE thought they had to thank Dr. Mason for bringing the subject so clearly before them. Many points at issue required clearing up. Among others he had referred to surgical interference in cancer. The point seemed to be whether cancer was a local disease or not. Modern research seemed to show that it is a local disease primarily, but, very often before there is any local manifestation, such as induration, the secondary effects have begun



to be felt in other parts of the body. They required to be able to diagnose before then, but how to do it was at present beyond the power of the clinician. What had interested him more than anything else was Mr. Shaw's quotation from Hahnemann's *Organon*, which was quite a revelation to him. Henceforward, he would have less difficulty in overcoming the scruples of the patient, thus aided by the dictum of the master. Dr. Mason had reviewed a great many diseases in passing, and he spoke of villous tumour of the bladder as being malignant. (Dr. Mason: No.) Mr. JOHNSTONE: I beg your pardon. Proceeding, he said it simulated malignant disease closely, but under microscopic inspection it was not a cancerous disease. There was another difficulty the surgeons had to contend with, and it was a difficulty they found very frequently, too frequently indeed, in the out-patient department at the hospital. Within the last six weeks he had had two patients who illustrated this fact. One was a man with *fistula in ano*. He had had it many years and had been under treatment many years by a well-known physician in London. The physician was not present, in fact the speaker did not think he was connected with the Congress. He had never seen a worse case; it was evidently one for operation, and he (Mr. Johnstone) told the man he thought he should be operated upon. To the patient this was rather a blow; therefore he said: "You may consider the matter. We will treat you for a few weeks, and if you do not get on we cannot do more than advise you to come into hospital." Whether the man would go in or not, he could not say. The other case was one of epithelioma, and the patient had been under the same physician about three years. When she began, the tumour was about the size of a threepenny piece, now it is the size of a crown—a great fungating tumour, beginning to involve the other parts. The physician had promised to cure this tumour, but had not done so in three years, and it was still growing. The woman wanted further advice, and he advised her to have it operated upon. She demurred, but he thought that after a short time they would get her into the wards. It was in these cases that he thought the physicians were doing harm by delaying operation. If a course of medicine was not sufficient to effect a cure, they should let the patient pass into the surgeon's hands. (Applause.)

Dr. C. HAYWARD said he wished to offer a word of protest against the tone of the discussion. He thought it was too late in the day to begin to apologise for following up surgery as far as they could. They wanted neither the approval of Hahnemann nor anyone else to do surgery. The two cases

brought before them were sufficient to allow some of the mud of quackery to stick to them as homœopathists. The point of view he took was this: whether there was any chance of reducing the evil by medicines, if not, resort to surgery at once. Then he would ask himself again, how long it would take reducing the disease by medicine. Three or four months? What was the use of causing the patient's life to be a misery for three or four months when he might be treated surgically and cured in five minutes. Was it worth while going on giving various medicines for a tumour? He thought the surgeons had no necessity to apologise for using the knife. If they could bring about a permanent cure in a short time by means of the knife then it was their duty to do so. It was their duty to give the most rapid, the most certain, and the best cure. (Applause.)

Dr. NEATBY said Dr. Mason had mentioned uterine fibroids and made use of them as illustrating his remarks. It was possible in the case of fibroids, or of adenoids, to succeed in curing them, but it would not do to lose time and damage the health of the patient while spending time in curing a local condition. With regard to fibroids, one might aid the local treatment by internal medicine, more especially during the menopause. One might cure a tumour and leave the patient in an anæmic condition from which it was impossible to recover; or, again, one might leave the patient in a condition where for many years there had been vascular effusion, which in the near future would result in failure of the heart, cardiac dilation, and the patient would be doomed to an early death, or a miserable existence. In determining the advisability of operation, it required consideration as to what would be the ultimate condition, if one could succeed in curing the local condition. (Applause.)

Mr. GERARD SMITH said that he was convinced that in the homœopathic school physician and surgeon were more truly colleagues than under any other professional conditions, and that the present phase of doubt amongst homœopathic physicians as to the relation of surgery to their own science was much to be deplored. The term "homœopathic surgeon" was not a misnomer, the mental position which the philosophy of homœopathy causes towards disease, is that of putting our trust in the efficiency of the *vis medicatrix nature*—of "pushing where nature pulls"—and of regarding symptoms as movements not necessarily to be repressed or their action thwarted. This principle may, of course, be pushed too far: the physician may neglect to call in the aid of the surgeon to remove some obstacle to recovery, some local result of the constitutional fault which the physician is attacking, and the

surgeon may forget that homœopathy gives us many remedies which will attack the constitutional, structural or functional errors of which the local disease is an indication, and that he does not *cure* the disease by merely removing the local evidence by surgical operation. (Applause.)

Dr. W. WOLSTON said he believed he was one of the oldest practitioners present, and if he had his life to live over again he would pay infinitely more attention to surgery than he had done. He would begin where the rising men—the young men—are beginning, with a thorough knowledge of surgery, not theoretical merely, but practical, so as to be able to take up any grave case that arises. In days gone by the difficulty of getting surgical help was great. Now, what they wanted as physicians was good common sense in treating their cases, and that would guide them in deciding whether to treat by medicine or surgery. But there was a dangerous side to the matter—the fear that there should be a rushing in for surgery. A case had been brought to his mind that afternoon in which a child at six months old developed a tumour of the orbit, behind the eye-ball. A leading ophthalmic surgeon strongly advised removal of both tumour and eye-ball, believing the former to be malignant. The parents were against an operation and said: "Can you do nothing?" He prescribed a preparation of merc., bin. iod., and within three months the tumour had disappeared, though the sight of the eye was permanently lost. (Applause.) There were cases in which, if they could get hold of the the right drug, it would do what the surgeon's knife would do. On the other hand take the case of cancer. He had been in practice in the North thirty-five years, yet as he looked back at the cases of cancer which had come under his notice, there was only one woman living, he regretted to say, who had been operated upon. One of the best cases he came across was one that Mr. Spence operated upon; when the woman was 28 years old he removed the right breast, for undoubted cancer; fourteen years after she had a recurrence of the trouble, was operated upon a second time, and lived another fourteen years. (Applause.) Undoubtedly in that case surgery saved life, but he thought it was very necessary for them to discriminate and carefully select the cases to be handed to the surgeon. (Applause.)

Dr. BURFORD said nothing had interested him more than the view that Mr. Shaw had taken of the aphorism of Hahnemann. He was not aware that they had such a definite command to go forth and remove by the knife that which had resisted exorcism by therapeutics. It would gladden them all very much, as now they could put themselves

right with their patients by saying, "It is true homœopathy; go to aphorism 186." (Laughter.) There were cases which had been under the physician's care a long time, for which the physicians were not able to do what they would, and which required the surgeon's knife, and the surgeon had to deal with the physician's failures. One other point he would raise, and that was that the modern revival of homœopathy was concurrent with the increased introduction of surgical work into their ranks.

Dr. HUGHES rose because of a quotation Dr. Mason had made from his book, in which was given the expression of opinion that so much had been done by *hydrastis* that in suspected cases of cancer the patient might be given the benefit of that drug before resorting to the knife. Matters had advanced since he wrote that; at the same time he pointed out that he wrote "suspected cases" and not "undoubted cases." It was in suspected cases that he said the use of the drug was justifiable before operation. If the word were changed from suspected to undoubted he would now say it was better to give the patient the benefit of the operation at once.

Dr. HAWKES said that he did not know whether he was speaking as a physician or a surgeon, but he wished to refer to a case which, two or three months ago, a colleague sent in. There was a good deal of uterine hæmorrhage and the patient was exceedingly feeble. He made an examination, and subsequently a diagnosis, and he determined that, as he had had poor results with his last two cases of cancer of the uterus, he would not attempt its even partial removal; moreover the patient was too ill to be operated on. He put the case under one of the ward sisters, enjoining syringing. The fœtor was so extreme that the patient had to be taken into a separate ward and a bronchitis kettle kept going with suitable disinfectants; he ordered the patient *hydrastium* 1 trit. During the progress of the case there was diarrhœa, and some vomiting of dark coloured mucus occurred. These symptoms subsided under *arsenicum* 2. To his surprise he found that the fœtor was going down, and that the bronchitis kettle was not required; and a careful examination revealed only a small clean ulcer round the os. The uterus was found to be movable, and the patient gained strength rapidly. He much regretted that he had not sent some of the substance for examination to the pathological laboratory at University College. At the present time the patient was going about without the slightest symptoms of any kind. (Applause.)

The PRESIDENT said the one thing that struck him was that it was a fight between physicians and surgeons.

Dr. MASON : I thank you for the attention you have paid to my paper, and I am very pleased we have had such a good discussion. Most of the speakers seem to have been in complete accord with my views. I must confess that the idea of cancer being of local origin is pretty well substantiated. There are plenty of cases of cancer having been removed successfully, and if that is the case it argues that such is the most rational treatment we have at the present time, and also if that is the case, I think it is inadvisable to wait two or three weeks before you resort to it. (Applause.)

## ARE MICROBES DISEASE-GERMS ?

By R. E. DUDGEON, M.D.

IN the June number of this periodical is an article on "Bacteriology and its Critics." It appears in the position of an editorial leader, and employs the conventional editorial "we" throughout. If I thought that the article was really an editorial one I would not venture to criticise it; but observing that it is said to be "communicated," I infer from that that it is not editorial, but the work of a contributor, and expresses his individual views; and therefore I feel that it may be commented on by a humble person like myself, who would hesitate to oppose what he believed to be the consensus of opinion of the eminent quartet who constitute the editorial staff of the *Monthly Homœopathic Review*. I think it would on the whole have been better if the author had given his name and expressed his opinions in the first person singular, in place of adopting the plural number, which seems to imply that he speaks for the whole body of bacteriologists. His article, though entitled "Bacteriology and its Critics," is chiefly, I may say entirely, concerned with a paper read by Dr. Bantock on the "Modern Doctrine of Bacteriology," numerous extracts from which were given in the May number of the *Review*. But he incidentally insinuates that the doubters of the "bacterial origin of infectious diseases" are a feeble folk, "a minimum minority" gradually diminishing, and he is sure that in a few years the minority will be "entirely extinguished." Perhaps he is right, but my own impression is that just the opposite of this is the case, and that the opponents of this germ

theory of disease are much more numerous and outspoken than they were a few years ago, when the belief in the new doctrine seemed to spread throughout the whole profession and when an enthusiastic French bacteriologist declared that "there are only two classes of diseases—those in which a bacterium has been found and those in which a bacterium will be found."

The partisans of the bacterial origin of disease are becoming manifestly more bitter against their opponents, a sign that they feel less sure of their ground. This is evident from the numerous exceptions they are compelled to admit, not only with respect to their failures to discover a microbe peculiar to some contagious diseases, such as rabies, syphilis and small-pox, but also with respect to the frequent occurrence of cases of diseases ordinarily credited with the possession of a specific microbe, without any discoverable micro-organism, and of specific microbes of virulent diseases in healthy persons.

Exceptions are sometimes said to prove the rule, but to my mind they only show the inadequacy of the rule, and when so numerous as in the present case, they disprove the pretended rule.

It is a common device of the partisans of bacteriology to accuse their opponents of ignorance. In the discussion on Dr. Bantock's paper at the Gynæcological Society, several of the speakers accused him of gross ignorance, and the other day Lord Lister alleged that it was only ignorant persons who disputed the scientific character and beneficial effects of bacterial research, which he said had suggested the employment of antitoxic serum injections in diphtheria, whereby the mortality of that disease had been reduced to zero. I was not aware that the use of antitoxic serum was an outcome of bacteriology, nor that the mortality of diphtheria had been reduced to zero, but then a simple commoner cannot be expected to know so much as a noble lord. The author of the paper under consideration seems to have an equally low opinion of those who hold opposite views to his own. He compares them to the ignorant opponents of Copernicus and Newton.

Now, I confess I am very ignorant with regard to bacteriological matters. The things I do not know about micro-organisms would fill a big book. I may here give

a leaf out of that book illustrative of my crass nescience. I do not know how it is that the ubiquitous so-called pathogenic microbes, which are frequently found in perfectly healthy persons, should remain innocuously in the orifices of the body and then suddenly cause the serious diseases they are supposed to produce. Immunisation is no doubt a blessed and comforting word, but it is rather too vague and theoretical to be entirely convincing as an explanation of this phenomenon. I do not know why these diseases sometimes occur without any of their supposed pathogenic bacteria being discoverable by the most careful examination. I do not know why, if the bacillus typhosus be the cause of typhoid, epidemics of typhoid, like that at Maidstone, should ravage a district and yet, though "bacteriologists of repute were engaged in the search, none of the efforts made to find the bacillus (in the water supplied to the town) proved successful." I do not know why the occurrence of typhoid fever from exposure to sewage air should be ascribed to the bacillus typhosus, when the investigations of Laws, Jordan, Koch, Andrews and others show that sewage does not give off micro-organisms to the air in contact with it, that the sewage air contains very few microbes compared with the surrounding open air, and that these few microbes are identical with those of the open air, and evidently derived from the latter. I do not know why, if the comma bacillus be the cause of cholera, Pettenkoffer and his friends could swallow large quantities of the cultivated microbes without being affected by the disease. I do not know why, if the staphylococcus pyogenes aureus be the cause of suppuration, Dr. Stoker found in 250 cases of ulcers that the rapidity of healing was in proportion to the presence of these pyogenic microbes. I do not know how bacteria, which are apparently destitute of all secreting organs, can be capable of forming "secretions possessing poisonous properties of astonishing intensity" as Lord Lister asserts. I do not know how it happened that Dr. Menge's introductions into the vagina of many women and infants of quantities of cultivations of staphylococci, streptococci and other "virulent" microbes were not followed by any disease whatever. I do not know why some of the most manifestly infective

or contagious diseases, such as rabies, small pox and syphilis should have no distinctive microbe. I do not know why the gonococcus should be regarded as the cause of gonorrhœa, when numerous cases of undoubted gonorrhœa have been reported where no gonococcus could be found, and others of simple vaginitis of young children where this microbe abounded. I do not know that any success has ever attended the attempt to cure a disease by the destruction of its presumed specific microbe, but I have read that such an attempt made in the Paris hospitals in the case of typhoid fever was followed by disastrous results. I do not know of any advantage to therapeutics that has resulted from the labours of bacteriologists, and, considering the uncertainty attending the presence or the discovery of the supposed specific microbe of a disease, I doubt if the gain to diagnosis has been very material. I do not know if future generations will esteem the discoveries of Klebs, Löffler or the great Koch himself as quite equal in importance to those of Copernicus and Newton, as the author of this paper seems to think. If any honour is to be attached to the first promulgator of a doctrine of the microbial origin of disease I do not know why it should not be awarded to Hahnemann, who in 1831 published a pamphlet in which he asserted that cholera was caused by certain minute invisible organisms which were transported in the atmosphere and conveyed from place to place, thus propagating the disease. His doctrine, unlike the sterile labours of modern bacteriologists, suggested to him a therapeutic method which has proved eminently successful in the treatment of cholera. It was the employment of camphor internally by mouth or clyster, and externally by friction with camphorated spirit and the evaporation of camphor by heat in the room. In this way, so unlike his ordinary treatment of disease, Hahnemann imagined that the minute organisms which, as he thought, caused the disease, could be destroyed and health restored. His was what may be called a good working hypothesis, which modern bacteriology is not; for the treatment suggested by it was eminently successful, and no one can allege that bacteriology has been of the slightest service to therapeutics, except that incidentally it has been of use in promoting the



cleanliness which is now found to be so advantageous in the treatment of both medical and surgical diseases.

The author of the article in the June number seems to expect that anyone objecting to the microbial origin of disease is bound to find a substitute. "What" he asks "does Dr. Bantock substitute for bacteria in the rôle of causation of disease? . . . . no suggestion is made as to what he considers the *materies morbi*." The very limited success that has attended the efforts in this direction of medical theorists, from Van Helmont to John Brown, offers little encouragement to others to engage in such a thankless task. To have shown that the latest theory of the cause of disease is of the same unsatisfactory character as the many which have preceded it does not involve the responsibility of providing a substitute for it. That only leaves the question as it was previous to the advent of the last one—an unsolved mystery.

The author cannot find in Dr. Bantock's paper "one convincing argument to support his case." To my mind the paper bristles with convincing arguments and facts in support of his assertion that bacteria are not the cause but the consequence of disease. Our bacteriological champion shows his discretion by ignoring these arguments and facts, instead of attempting to refute them. I should like to know what the "few simple inoculation experiments" are which afford "quite sufficient proof to weigh against all Dr. Bantock's pen and ink arguments."

Of course I do not deny that there may be some micro-organisms so peculiarly constituted as to be able to prey like venomous parasites on certain structures of their hosts; but though this is probably the case in regard to some non-infectious malarial diseases, the lively metamorphosic micro-organisms found in the blood-corpuses of certain forms of ague seem to be quite different from the lazy unchanging (or only degenerating) cocci and bacilli which are often found in connection with some infectious diseases.

The curious life history of these malarial parasites has been chiefly revealed, as Koch tells us, by the researches of the Italian bacteriologists, who are continually making bacteriological discoveries inimical to the peace of mind of mankind. The latest terror-inspiring discovery hailing from Italy is that the human

beard harbours crowds of toxic bacteria, sufficient to kill a number of guinea-pigs when used hypodermically. This being the case, every self-respecting bacteriologist, to avoid distributing the germs of disease, will hasten to part with the hirsute adornment of his face; for though doctors may not mind poisoning guinea-pigs, when patients learn that beards are so poisonous, they will cease to employ bearded doctors, who will then find that their beards will not only be fatal to guinea-pigs, but may be disastrous to the flow of guineas into their own pockets. The next thing, I suppose, an Italian bacteriologist will discover, will be that the hair of our head swarms with lethal bacteria, and then we shall be compelled to shave our heads and wear the horse-hair perukes of the last century, such as are only now seen in our law courts. I much fear that life will not be worth living if we permit these bacteriologists to order us how to live.

At present the "malcontents," as our author calls them, are probably in a minority, but he prophesies that the minority will soon be "entirely extinguished." But prophecy is not proof, and it is permissible for the malcontents to prophesy, in accordance with their views, that the doctrine of the microbial origin of infectious diseases will ere long be relegated to the lumber room of exploded and discredited pathological theories, which have strutted and fretted their hour upon the stage and then are heard no more.

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### "THE EARLY DIAGNOSIS OF PREGNANCY."

By WM. CASH REED, M.D.,

Hon. Physician, Gynæcological Department, Devon and Cornwall  
Homœopathic Hospital, Plymouth.

THE interesting note on the above in your issue of last June leads me to call attention to a point, or rather two points, of great importance:—

1. A commencing softening at the junction of cervix and corpus uteri, felt best per rectum.

2. Pulsation of uterine arteries, best appreciated by two fingers high up in vagina, the tip of one in right fornix, that of the other in the left, and as close as may be to the sides of column uteri.

The above I have several times had the opportunity to verify at Prof. Martin's Clinic in Berlin.

Any note on this subject would be incomplete without allusion to "Hegar's Sign," which is of fundamental importance. The component parts of this—for it is a "composite" sign—are clearly set forth by one of our colleagues in your issue of June 1st, 1895.

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## REVIEWS.

*A Practice of Medicine.* By H. R. ARNDT, M.D., formerly Professor of Materia Medica and Therapeutics, and Clinical Professor of Nervous Diseases, Homœopathic Medical College, University of Michigan. Philadelphia: Boericke & Tafel. 1899.

In our last issue we spoke in general terms of our appreciation of this volume. Further perusal of its pages tends to confirm our opinion that it is as good as a work of its size could be. In condensation *some* facts or theories must be omitted. What appears of importance to one reader or writer may present itself in a widely different light to another. For instance, the statement is made on page 857 that in colon-obstruction "The symptoms are less intense." This is true, of course, but it is not less true that volvulus of the sigmoid flexure of the colon is one of the severest and most acute forms of intestinal obstruction known, especially in the matter of meteorism. But where only nine pages can be spared for so enormous a subject, it is not surprising that this and other statements, we should like to have seen, are omitted. The same remark applies to the article on peritonitis; it is good as far as it goes. Pressure on the space also probably explains the entire absence (as far as our search goes, both in index and text) of any information on septic or suppurative cholangitis. There is a very fair *résumé* of our still somewhat scanty knowledge of diseases of the pancreas, and the possible relationship to some of these conditions of iris, (which has been said to cause pancreatitis) of baryta mur., iodine, mercury, and phosphorus is referred to. Turning to the nervous system, we notice a short article on Raynaud's disease—truly a *multum in parvo*. The same may be said of Acromegaly. There is enough to prevent the beginner or the general practitioner from going astray. By those interested in a special subject in a special manner, information must be sought elsewhere.

A really good clinical account of tabes dorsalis is given, and Freidreich's disease (hereditary ataxia) receives due attention.

Some useful hints as to medicinal palliative treatment in the former disease are furnished.

The most important feature of the work is where functional or inflammatory diseases of various organs afford scope for the use of medicinal agents. Here the wide usefulness of homœopathic remedies is well brought out, and Dr. Arndt's close knowledge and long experience in this department (therapeutics) when in Michigan enable him to give his readers the best that is known. With this department we have every reason to be satisfied—in the end. We say "in the end," because the kernel of this information requires to be hunted for. For example, in stomatitis twenty-four remedies are given in alphabetical order. The student would be glad to know which of these twenty-four were most frequently used; and to be told that in 80 per cent. of cases he would not need to go beyond, say, mercury, nitric acid, chlorate of potash, and kali bichromicum, is too meagre for a work of this kind. The practitioner looks to men of Dr. Arndt's standing to help him with his experience, to save him labour—waste labour—and is disappointed with a long symptom list which he can find in any repertory. Perhaps in another edition some modification on these lines of the drug lists may be made.

To sum up, while the specialist will find omissions in these pages, the practitioner will seldom go away unrewarded in a practical manner, both in respect of the disease and the therapeutic teaching.

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*The Twelve Tissue Remedies of Schüssler, Homœopathically and Bio-chemically considered.* By WILLIAM BOERICKE, M.D., and WILLIS A. DEWEY, M.D. Fourth Edition, rewritten and enlarged. Philadelphia: Boericke & Tafel, 1899. Pp. 424. \$2.

THE third edition of this work (published in 1892) having been exhausted, a fourth edition has now appeared with the addition of such clinical experience as recent literature affords.

We consider the appearance of this edition as very timely. Dr. Black's paper, lately read before the British Homœopathic Society, has drawn fresh attention to the tissue remedies, and a consideration of the so-called bio-chemic theory throws a side-light upon the problems of drug-action so ably handled by Dr. Moir in his presidential address to the Annual Congress.

"Disease," our authors say, "is the result of a disturbance of the molecular motion of one of the inorganic tissue salts," and an explanation not dissimilar, though, perhaps, less definite, is that offered by the latest investigations of the

biologists. Schüssler himself long denied that his remedies owed their power to the law of similars, but the facts that the indications for them tally exactly with the homœopathic indications in the cases of those which had been previously proved (*natrum muriaticum* and *silica*) and the similarity of dosage point suggestively in an opposite direction.

The tables given on pages 29 and 31 are of great interest. The first gives a list of the drugs in which the various tissue remedies have been recognised by analysis, while the second distributes the pathogenetic symptoms of *phytolacca decandra* under headings of the salts found in that drug after incineration; it is, in fact, an attempt to construct the pathogenesis of *phytolacca* by synthesis. Interesting though this is, a system of indications on such a basis would probably eliminate a good deal which is characteristic and useful in the provings of the parent drug, for just the same reason which makes artificial mineral waters (based upon analysis however careful) of less therapeutic value than the natural products. We can, then, cordially endorse the remark of Drs. Boëricke and Dewey in their preface to the first edition of this work, "We believe that the only hope for the future development of these magnificent remedies lies in their study, mainly according to the method of homœopathy; that they should all be as carefully proved as *natrum mur.* and *silica* already are, and that the results of such provings alone will furnish the most accurate indications for their therapeutic uses. Only by careful provings will the permanency of these remedies be secured, and they themselves be preserved from the possible fate of so many newly-introduced remedies."

While we congratulate the authors on the value and appearance of their work, we shall be glad if the preface of the fifth edition can announce the inclusion of a set of reliable provings of the remedies.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE ninth meeting of the session was held at the London Homœopathic Hospital, Great Ormond Street, W.C., on Thursday, June 1st, at eight o'clock p.m. Dr. EPPS, Vice-President, in the chair.

The following specimens were shown: 1. Ovarian abscess with enucleated sac; recovery (Dr. Geo. Burford). 2. Ovarian tumour with universal adhesions; recovery (Dr. Geo. Burford). 3. Fibroid tumour of uterus, removed with appendages on account of melancholia; recovery (Dr. Geo. Burford).

4. Dermoid cyst of the ovary burrowing under the meso-cæcum; recovery (Dr. Geo. Burford). 5. Carcinoma of uterus removed by vaginal hysterectomy; recovery (Mr. James Johnstone).

#### DEATH OF DR. LUDLAM AND MR. BOUGHTON KINGDON.

The deaths of Dr. Ludlam of Chicago, corresponding member since 1875, and of Mr. Boughton Kingdon, L.S.A. of Bowral, New South Wales, member since 1872, were announced. Votes of condolence with the friends of the deceased members were passed.

#### MR. THEOBALD.

The President announced that Mr. Theobald, who had for a number of years been a member of the Society, had had his diploma returned him by the Royal College of Surgeons, and he hoped before long that his name would be reinstated upon the Medical Register.

#### SECTION OF GENERAL MEDICINE AND PATHOLOGY.

##### ENTERIC FEVER.

A communication was read by Dr. Goldsbrough, Secretary of the Section, from Major Deane of the Royal Army Medical Corps in India, entitled: *An Abstract of Forty-seven Cases of Enteric Fever, with remarks.*

These cases were scheduled by Major Deane for the Society's Collective Investigation. They were all males, either in the Army or employed in connection with it. There were five deaths. The remarks by Major Deane referred especially to the occurrence of the disease in India in the light of its origin, diagnosis, symptoms, treatment, relapses. Baptisia was the remedy chiefly used, and Major Deane expressed the opinion that "cases have progressed more comfortably under that drug than under any other treatment I have seen."

A discussion followed, in which Drs. Moir, Dudgeon, Galley Blackley, Roberson Day, Stonham, Purdom, Epps (in the chair), and Goldsbrough took part.

##### DIPHTHERITIC PARALYSIS.

A paper was then read by Dr. J. HERVEY BODMAN, of Clifton, entitled: *A Clinical and Pathological Study of Diphtheritic Paralysis.* The paper was illustrated by microscopic specimens prepared by Dr. Bodman. The subject was treated under the following heads, viz.: Ætiology, symptomatology, diagnosis, prognosis and mortality, pathology and pathological anatomy, treatment. Illustrated cases were cited. An important contribution to the pathology of the disease was made in one case, where it was shown that the large cells of the anterior cornu of one side of the spinal cord had

undergone degeneration, thus suggesting that the view of the disease as a peripheral neuritis was not in all cases a sufficiently comprehensive one as regards treatment. In some cases in which "bulbar crises" occurred, belladonna had proved a most useful remedy.

Drs. Pritchard, Galley Blackley, Moir, Roberson Day, Stonham, Reed, Goldsbrough, James Jones and Mr. Johnstone joined in the discussion. Dr. Hervey Bodman replied.

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## NOTABILIA.

### TROPICAL MEDICINE AND HOMŒOPATHY IN LIVERPOOL.

It appears that the homœopaths of Liverpool are laudably ready to take their part in the present movement for the teaching of tropical medicine. Indeed, we believe that the movement itself is indebted very largely to Dr. Hayward, senior, for its existence, and that his address before the Liverpool Chamber of Commerce on the *Homœopathic Treatment of the Malarial Fevers of West Africa* (November 16th, 1896), gave point to the long-standing dissatisfaction of shippers and Colonial merchants, and encouraged them to press the Colonial Office for those practical measures which have brought schools of tropical medicine into being. It is, however, almost unnecessary to point out that official medicine has eliminated all "unorthodox" tendencies from their proposals.

The generous offer of £1,000, made by Messrs. Mazzini and Hahnemann Stuart, towards the establishment of a Homœopathic College of Medicine, is a practical protest against this elimination. £50,000 is the sum estimated as necessary for this purpose, and we fear that the balance may take a long time to raise. It will be deplorable that the movement should meanwhile languish, and it is to be hoped that the splendid hospital at Liverpool may find room for the systematic treatment of such tropical cases as may fall to its share. We know enough of our numerous and efficient colleagues in Liverpool to predict confidently that it will not be long before the latest pathological methods are applied to the certification of results; and we believe that their interested and powerful supporters will find the "sinews of war." To pause until such an effort can be made with every luxury of environment would be an error in tactics.

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### A THALLIUM SYMPTOM.

The *Medical Times* for June, says, "Acetate of thallium, it has been found, may cause a rapid and complete falling out

of the hair." The known pathogenetic effects of thallium and its salts are open to a great deal of development. So far as we have them at present, they correspond remarkably with those of plumbum, which is interesting when we consider the atomic weights of these metals (Tl.=203.6, Pb.=207). The alopecia of thallium suggests the seborrhœa of plumbum.

#### A MENTAL CASE.

Mr. E., age 48 years, farmer. Never had any serious illness or injury. Was not dissipated, used tobacco and stimulants very moderately; no insanity in the family. In May, 1898, he began to act very strangely, looked wild, could not sleep, and lost his appetite. He talked constantly about people owing him vast sums of money; said that he was told to kill them if they did not pay him; that he could see ships coming from the old country loaded with his money; and that the spirits were constantly talking to him about his riches.

He was admitted to the hospital in August, 1898. He was very quiet and well-behaved, and on most subjects talked quite rationally. The pupils were dilated, and he had a wild stare, refusing to look a person squarely in the face. His sleep was disturbed and the appetite poor. He disliked to be left alone or in the dark, and would become dizzy when attempting to walk with his eyes closed. His pulse was 80, and his temperature normal; he would not speak to others unless first spoken to, and at no time was noisy. When alone he would talk to himself and gesticulate, and sometimes shake his fist. Once he ran away, saying that someone told him that the doctor was going to poison him that night.

We gave him stramonium, which relieved all of his hallucinations very promptly, and as far as I am able to learn he seems now perfectly well. He has a distinct recollection of those hallucinations, and says they appeared to him as real then as my conversation does now.—Dr. W. E. TAYLOR in *The Clinique*, February, 1899.

#### A CASE OF SEROUS CATARRH OF THE MIDDLE EAR PRODUCED BY THE ADMINISTRATION OF POTASSIUM IODIDE.

In the *British Medical Journal* for December 17th, 1898, Dr. Ramsay, of London, relates the case of a man suffering from syphilis, in whom several symptoms of kali iod. poisoning were developed in the nasal sphere. The report is as follows:—

The meatus auditorius filled with a thick purulent discharge, and on clearing this out a large perforation could be seen.



The left ear was quite sound and the hearing perfect. A mixture containing potassium iodide, gr. iij., to be taken three times a day, and a pill of mercury and chalk (gr. ij.) at night were ordered. In five days he came back complaining of a "bad cold." There was profuse discharge from the eyes and nose and also a great deal of watery discharge from the right ear. He also complained of being completely deaf in the left ear, and on examining this ear all the conditions of serous catarrh were seen. The upper part of the membrane appeared to be indrawn, while the lower portion was dark, and there was the appearance of a darker line separating the upper from the lower part of the membrane about the level of the handle of the malleus.

The patient stated that his hearing seemed to alter with the movements of his head. On inflation the hearing greatly improved, but the improvement was soon lost. On examination of the ear after inflation, what appeared to be bubbles were to be seen. He stated that the deafness came on suddenly after he had been taking the medicine for three days, and at the same time that he began to run at the nose and eyes.

On discontinuing the potassium iodide, at the end of the week he was hearing again well, and all symptoms of iodism had disappeared. He was put on gr. vj. of potassium iodide, but the deafness and symptoms all returned, so he received sodium iodide, commencing with doses of three grains. The symptoms did not recur.

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### THE TREATMENT OF HÆMOPHILIA.

AMONG "diseases of uncertain pathology" hæmophilia occupies a prominent place. The vessel-walls, the quantity and the quality of the blood have, each of them, been blamed as the ultimate cause. There is room for a scientific proving of hamamelis in this connection, and recent developments of *technique* in the estimation of blood coagulability should make the work easy. A few successful efforts to argue back from homœopathic drug-action to pathology would immensely strengthen our position.

In the meantime, Dr. Mansell Sympson reports (*Lancet*, May 18), the case of a small hæmophilic of eight years who has had few weeks in the last six years in which he has not taken doses of calcium chloride. The spontaneous bruises, the so-called "synovitis" and the hæmorrhages from accidental causes have all been favourably affected. Two attacks of hæmaturia, however, yielded more readily to perchloride of iron.

## ECHOES OF THE CONGRESS.

TRULY the *British Medical Journal* was "in very gracious fooling" on June 17th. Here is what it said about the Congress:—

## "HOMŒOPATHS IN COUNCIL.

"The annual Congress of Homœopathic Practitioners was held at Leicester on June 8th, under the presidency of Dr. Byres Moir, of London. The President delivered an address on *The Effects of Modern Therapeutic Researches upon the Position of Homœopathy*. He said that homœopathy was directed to bringing distinct law into the use of drugs as therapeutic agents. It is easy enough to formulate distinct laws, but in medicine the difficulty is to get Nature to abide by them. Our homœopathic friends with their 'definite laws regulating the choice of medicines' and their 'strict rules of practice' must often find themselves in the position of King Canute when he tried to impose a distinct law on the rising tide. Dr. Byres Moir said that the charge which had often been made against homœopaths of neglecting pathology had been frequently met. For that reason, probably, he seems to have considered himself dispensed from the necessity of meeting it. But, like a disease played on the whole battery of globules, the charge remains, and we are as curious to know what homœopathic pathology is as Mr. Pecksniff was to learn Mrs. Todger's idea of a wooden leg. We gather not only from the President's address, but from the remarks of other speakers, that our separated brethren of the homœopathic persuasion are at last awakening to the fact that drugs, even when energised by the dynamic potency imparted by infinitesimal dilution, are not the be-all and the end-all of medical treatment. The homœopathic mind, we are assured, is broadening, and 'of late surgery, etc., is being more generally acknowledged by homœopaths.' It is to be hoped that surgery will be duly grateful for the honour thus done it. We should be glad, however, to know more of the 'etc.' which are also coming to be 'acknowledged' by homœopaths. 'Etc.' like charity, may cover a multitude of sins. We hail these signs of grace with satisfaction. We must, however, enter a protest against a claim made on behalf of Hahnemann that he was the first to teach the necessity of isolation in the treatment of epidemics. The doctrine received its first and fullest scientific expression from Richard Mead; but long before him our forefathers had a very fair grasp of the principle, as they showed in dealing with leprosy. The Congress ended, in accordance with the most orthodox practice, with a dinner which was graced by the presence of the Mayor of Leicester, who is Vice-President

of the Congress. Not having been represented, we are unable to say whether the conformity to the methods of the 'old school' was extended to the details of the repast. A dinner on homœopathic principles would probably be too great a sacrifice to 'definite law' for the most devout believer in the Hahnemannian revelation."

The grammar of the passage concerning the "battery of globules" is a trifle obscure, but where the matter is so excellent the manner becomes the less important; and of course *any* reference to globules makes us writhe. We seem to have heard before something very like the light-handed *persiflage* about the dinner. "'It is calculated to afford them the highest gratification, I should conceive,' said Mr. Pickwick, rather envying the ease with which Mr. Magnus's friends were entertained."

#### PROBABLE IDENTIFICATION OF THE SCARLET-FEVER GERM.

If later experience confirms present experiments, then to a Chicago physician will belong the distinction of having identified the micro-organism that is the infective agent in scarlet-fever.

Dr. Wm. J. Class, Medical Inspector, Department of Health, City of Chicago, has met with brilliant results in his demonstrations in the line indicated.

That scarlet-fever is a disease having as its specific cause a micro-organism, has long been confidently accepted.

The organism that Dr. Class has demonstrated is a diplococcus resembling in appearance a very large gonococcus. There is, running through each half of the organism, a transverse line, giving it the appearance of a tetrad. The organism has no capsule, shows no spores, no flagellæ, and, in the hanging drop, shows no independent motion. It stains with a number of the aniline dyes.

Dr. Class' success in detecting this long-sought-for organism was due entirely to his original method in finding a culture-medium upon which it would grow. The medium consists of glycerin agar-agar to which is added about five per cent. by weight of black garden earth rendered sterile by discontinuous heating. On this medium the organism grows in pure culture.

It is cultivated from the epidermic scales of scarlet-fever cases, and from the secretions of the throat in the angina of the disease.

The cultivation of the germ gives results which would seem to make it conform to all the conditions of Koch's laws. By injecting a culture into the ear-veins of swine there was produced in the animal a disease closely resembling scarlatina

as observed in the human being. From the blood and scales of this inoculated animal Dr. Class was able to cultivate the same species of micro-organism as was originally injected. The organism was also found in the fluid portion of the blood of the animal.—*Med. Era*.

### SMATTERINGS OF "CHRISTIAN SCIENCE."

As all medical men are occasionally liable to come into contact with the new mysticism called "Christian Science," the *Medical Era* of Chicago has thought well to reproduce an article on the subject by a writer in the *North American Review*. It appears to be of the nature of a review of a book on the same subject by a Mrs. Eddy. From the article in question we make some quotations which may be of interest to those of our readers who have had no opportunity of looking into this philosophy (!) for themselves.

"The most that can be made" of the theory of "Christian Science" is "that disease does not exist save as a false belief to be treated with argument; and the positive treatment of it is as follows: First of all, buy Mrs. Eddy's books and have the patient do so. This will increase the circulation—of the book, if not of the patient. Next, deny that there is any disease, and make the patient agree with you. 'Remember that all is mind and there is no matter. You are only seeing or feeling a belief, whether it be cancer, deformity, consumption, or fracture that you deal with.' Having thus established that the disease does not exist, you next proceed to 'meet the incipient stage of the disease with such powerful eloquence as a Congressman would employ to defeat the passage of an inhuman law.' No disease can stand that. Still more oddly, you are to call this disease, whose existence you deny, by name, but mentally, lest if the patient hears its name, his mortal mind will hold on to the disease; for, apparently, the mortal mind, which itself has no existence, although impressed by absent treatment and the reading of Mrs. Eddy's book, cannot let go any disease whose name is spoken out loud. But if you only address the disease mentally and speak the truth to it, 'tumours, ulcers, tubercles, inflammation, pains and deformed backs, . . . all dream shadows, dark images of mortal thought, will flee before the light.' To the practical mind it would seem that the 'healer' would need some medical knowledge to make his differential diagnosis of 'ulcers' and 'tumours,' and to distinguish between abscess, aneurism, and other abnormal conditions. And if disease does not exist, and has no intelligence to move or change itself, it does seem a bad waste of time to have any discussion at all with it.

“ If this were all Christian Science, it might do little or no harm. No one would object to letting a ‘scientist’ hold mental conversations with the patient’s disease, or give ‘absent treatments,’ or encourage the sick to ‘look on the bright side.’ And a kindly soul would no more restrain a ‘scientist’ from playing with his metaphysics than he would interfere with a hopeful kitten that whirls in happy pursuit of its own elusive tail—always in sight, yet never attained. But it is the negative teachings of the so-called science that render its disciples pestilent and dangerous to the public health. Declaring the incantations of the Esquimaux to be as ‘effective in cure of the sick as the *modus operandi* of civilised practitioners,’ Mrs. Eddy goes on to teach that physiology is anti-Christian. ‘It teaches us to have other gods before Jehovah. It is neither moral nor spiritual.’ In its place she would substitute harmony; for ‘discord is the nothingness of error, harmony is the somethingness of truth’ ‘Sickness is inharmony’ This ‘new thought’ is even older than that famous little dinner given by Agathon, where, notwithstanding the presence of Plato and Socrates, Aristophanes got tipsy and asked Eryximachus, the physician, why, if the latter believed health to be only harmony and love among the members, he should prescribe anything so inharmonious as sneezing to cure hiccoughs.

“ No physician is to be called in by the sick. ‘The scientist who understands and adheres strictly to the rules of my system . . . is the only one safe to employ in difficult and dangerous cases.’

“ Every form of treatment, homœopathy, mind cure, movement cure, animal magnetism, clairvoyance, mediumship and mesmerism, is impartially ‘condemned.’ ‘It is morally wrong to examine the body in order to ascertain if we are in health,’ and ‘to employ drugs for the cure of disease shows a lack of faith in God.’ ‘A Christian scientist never recommends hygiene.’ Dieting, dosing and exercise are unscientific. It is foolish to suppose that it is exercise that increases the muscles of a blacksmith’s arm; for if that were so, the hammer which takes just as much exercise, would also grow. This is one of the most powerful and characteristic arguments of the new thinker. Bathing is deprecated, although it is said that the Mother Church in Boston contains a gorgeous bath tub. ‘Bathing and rubbing, to alter the secretions or remove unhealthy exhalations from the cuticle, receive a useful rebuke from Christian healing. We must beware of making clean the outside of the platter only. A hint may be taken from the Irish emigrant whose

filth does not affect his happiness when mind and body rest on the same basis. 'The scientist takes the best care of his body when he leaves it most out of his thought, and like the Apostle Paul is 'willing rather to be absent from the body and present with the Lord.' The daily ablutions of an infant are no more natural and necessary than it would be to take a fish out of water once a day and cover it with dirt, in order to make it thrive more vigorously thereafter in its native element. Medical study is harmful. 'Anatomy, physiology, treatises on health—sustained by what is called material law—are the husbandmen of sickness and disease.' Proper clothing is unnecessary; for 'you would never conclude that flannel is better than controlling mind for warding off pulmonary disease, if you understood the science of being.' If one be only a Christian scientist he 'may expose himself in a state of perspiration to draughts of air without experiencing the usual ill-effects'; *i.e.*, Christian science is prophylactic, and this is expressly asserted.

"The foregoing is all bad enough as to adults; but when it concerns them only, something may be said in favour of the decision, cited by Puffendorf, in the case of a patient who sued a horse doctor for blinding him by applying to his eyes the same ointment that was used for horses. The Cadi decided against the suitor, because: 'If the fellow,' says he 'had not been an ass, he had never applied himself to a horse doctor' (Puff., Book V., Ch. IV.).

"But what is to be said of such advice as this to mothers? 'Mind can regulate the condition of the stomach, bowels, food, temperature of your child far better than matter can do so. Your views and those of other people on these subjects produce their good or bad results in the health of your child.' 'Your child can have worms, if you say so, or whatever malady is timorously holden in your mind relative to the body. Thus you lay the foundation of disease and death, and educate your child into discord.' Even if a child is attacked by contagious disease, Mrs. Eddy attributes the cause to maternal fear. Thus the mother is taught that her child's illness depends upon her fancy, and that neither physicians, remedies nor decent, clean care are necessary for its aid. And in the record of deaths resulting from the treatment of Christian scientists, faith cures, peculiar people, *et id genus omne*, a large proportion are those of neglected children suffering from acute inflammations of the lungs, diphtheria, pneumonia, and like complaints. One horrible and typical case in Brooklyn was brought to public notice by an undertaker called in by a faith curer to bury the latter's child, 6 years of age, dead from diphtheria. Two other children, one about 8, the other

less than 2 years, were found suffering from the same disease. The father explained his failure to call in medical aid by saying that he did not believe in doctors since he believed in Christ (N. Y. papers, March 1st, 1890). Here his delusion caused not only the death of his own child, but put in peril the public health. The same neglect would have occurred had the case been smallpox or scarlet fever.

“Contrary to ordinary belief, even prayer is eschewed. ‘The only beneficial effect of prayer is on the human mind, making it act more powerfully on the body through a stronger faith in God. This, however, is one belief casting out another, a belief in the unknown casting out a belief in sickness.’ And when we remember that ‘belief can only bring on disease, it can never relieve it,’ the inefficacy of prayer becomes manifest; and we are expressly taught that ‘if we pray to God as a person, this will prevent us letting go the human doubts and fears that attend all personalities.’

“The most ignorant persons set themselves up to cure the sick under this system as a business and for hire. Mrs. Eddy herself accumulates and publishes certificates of cures by herself, by her disciples and by the mere reading of her book, that are contrary to all possibility in human experience and smack in every line of the charlatan. Her volume of ‘Miscellaneous Writings’ is in part made up of certificates differing from those that usually accompany quack nostrums, only in that they are more incredible than those the ordinary charlatan ventures to put forth. She cures cancers in one visit. A child of 18 months, suffering for months with ulceration of the bowels, and given up by the ‘M.D.’s,’ is lifted from his cradle and kissed, he at once begins to play with his toys, and that night before retiring eats heartily of cabbage! One Mrs. Armstrong writes, without date or address, to enclose a cheque for \$500, in payment of an absent treatment by which heart disease and dropsy, lasting from childhood, were cured immediately upon Mrs. Eddy’s receipt of a letter from Mr. Armstrong. Hood’s case of ‘Mrs. F., so exceedingly deaf,’ who purchased an ear trumpet, ‘and very next day heard from her husband in Botany Bay,’ becomes modest in comparison. But, although Mrs. Eddy personally cures fractures—did, in fact, by ‘absent treatment’ cure the crushed foot of Mr. R. O. Badgeley, of Cincinnati, and although she expressly teaches that her science cures ‘acute and chronic forms of disease, and fractures,’ as well as other deformities—nay, more, has ‘raised the dying to life and health’ (p. 317)—she nevertheless says: ‘Until the advancing age admits the efficacy and supremacy of mind, it is better to leave the adjustment of broken bones and dislocations to the fingers of

surgeons, while you confine yourself chiefly to mental reconstruction and the prevention of inflammations or protracted confinement.'

"Here Mrs. Eddy confesses the sham of her theory. Earth often covers the physician's mistakes, but not so frequently those of the surgeon. The vast majority of suits for malpractice are in surgical cases. The results of operations often demonstrate the malpractice. And it is not fair thus to paraphrase this sly advice: 'Take any risk with the sick. If the patient die, who can prove that you caused the death? But be wary in surgical cases, for their ignorance and lack of skill, being demonstrable, may cause you to pay heavily for your presumption?' The fitting climax to this farrago of undigested metaphysics and vain boasting is, that hunger and thirst are also mental impressions to be argued with, that food is not requisite to support life, although 'it would be foolish to stop eating until we gain more goodness'; and, lastly, that, as there is no mortal mind from which to make a mortal body, immortality is already here.

"The methods of this extraordinary system of cure for the sick have been set out thus fully and, it is believed, fairly, because in no reported law case have they been brought before the court, and the authority of any adjudicated case depends upon the facts involved. 'Obiter dicta' are often as misleading as meta-physical speculation. Summed up, these methods consist positively in reading Mrs. Eddy's book and arguing with non-existent disease; and negatively in abstaining from everything that experience shows to be of benefit to the sick, not only specific medication and operative treatment, but diet, exercise and personal cleanliness. The evidence of the senses is not to be heeded; it is even forbidden to admit that a little child needs medical care. Surely no well-balanced mind will deny that this delusion is full of danger, no matter how sincerely and honestly many believe in it."

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### BICHROMATE OF POTASSIUM

Has long been a favourite remedy in the new school in inflammation of the mucous membrane, with tendency to plastic exudation and pseudo membrane, where excessive mucous secretion is rapidly turned into fibrinous exudate and false membrane. The discharges, either from the throat, stomach or bowels, are of a ropy, stringy character, and sometimes purulent. The inflammation often produces ulceration of the mucous surface which penetrates into the membrane. It is only recently that the old school has utilised this most potent remedy in a class of troubles for



which it has been found specially adapted. We notice in a recent issue of the *Scottish Medical and Surgical Reporter*, Professor Fraser, of Edinburgh, reports a case where a chronic gastric ulcer of twenty years' standing had been cured by bichromate of potassium. The patient for a year had been bed-ridden, the stomach so irritable that all nutrition had to be *per anum*. Of course there was great anæmia and enervation, quick, weak and irregular pulse, with dry coated tongue. The abdomen was tense and distended, the stomach sensitive, the bowels flatulent and constipated, with dry, hard stools. On May 1, the sixteenth of a grain of the bichromate was administered. The vomiting, which had before been a most distressing symptom, ceased after the first dose of the bichromate, and all the symptoms rapidly improved until, on the 8th of June the entire group of gastric symptoms had disappeared, when a preparation of carbonate of iron with a solution of red marrow was substituted for the potassium salt. When seen on the 12th of February the patient had gained in weight three stone, and was in excellent bodily health. Professor Fraser says that in many other cases of chronic gastritis with persisting vomiting, which had defied every other medication, the use of the bichromate was attended with the happiest results. It is needless to say the remedy found so beneficial by Professor Fraser would have naturally been suggested to the mind of one familiar with the proving of drugs on the healthy human organism, the well defined symptoms of the disease being an accurate counterpart of the pathological condition produced by the drug, and therefore pointing to it in reduced strength as the indicated remedy. We may differ as it regards the correct name to give to this principle or law, or precisely how the result is produced, but the steps leading up to it are matters of scientific investigation and their general adoption pretty conclusive proof that while theory may point the way, the truth is only established by the strong, clear logic of science.—*Medical Times*, May, 1899.

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## OBITUARY.

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### REUBEN LUDLAM, M.D.

THE death of Dr. Ludlam, of Chicago, referred to by the President of the Congress at Leicester, occasions the removal, from the midst of a large number of warmly attached friends and colleagues, of one who was, beyond all question, the most active, energetic and popular member of our profession practising medicine homœopathically in the western section of the

States of the North American Union. The circumstances surrounding it if not absolutely unique—and as far as our knowledge goes they are so—are certainly deeply interesting.

About four or five months since, Dr. Ludlam, who for some time had suffered from an inguinal hernia, necessitating the constant use of a truss, was performing a hysterectomy at the Hahnemann Hospital, when the truss slipped, the intestine escaped and strangulation occurred. He was removed to an adjoining ward, where Dr. Shears at once operated and relieved him. For a month he remained in the hospital. One of the compensations for this confinement was, he said, the opportunity it gave him for reading some of the many books he had been saving up for a leisure day. Returning home and resting for a few weeks he gradually, and to the intense delight of his patients and friends, resumed his professional work and reappeared at the Hahnemann Hospital.

On the 29th of April he went to the hospital at his usual time, 4.30 p.m., for the purpose of making a hysterectomy for the removal of a fibroid tumour. The patient had been anæsthetised, the abdomen opened, and the doctor was about to deliver the tumour. Some difficulty being experienced in lifting it from the pelvis in which it was wedged, he seated himself for the purpose of making pressure through the vaginal outlet, when suddenly his head dropped forward, and it was evident that he had lost consciousness. He was removed immediately to another room and restoratives administered, but without avail. He was dead. The news came like a thunderbolt out of a clear sky.

During this operation his son, Dr. Reuben Ludlam, jun., had been assisting him, and, at the moment when the knife he had been using fell from his hand, the son glanced at his father, over whose face the pallor of death was then gathering, and then at the patient, and instantly took up the work where his sire had left it, completing, with a presence of mind worthy of the best traditions of surgery, in spite of profound emotion, the operation which the death summons to the operator had interrupted. The patient, we must add, made a perfect recovery.

The immediate cause of Dr. Ludlam's death was, we have understood, old standing disease of the heart.

REUBEN LUDLAM was born at Camden, New Jersey, October 7th, 1881, where his father, Dr. Jacob Ludlam, was a successful physician. After leaving the Academy of Bridgetown, New Jersey, he entered his father's office, and there was fitted by medical study to pass on to the University of Pennsylvania, whence he graduated M.D. in 1852. Shortly thereafter he commenced practice in Chicago. At

this time he knew nothing of homœopathy, and his therapeutics were only such as he had been taught at home and in Philadelphia; but cholera was then prevailing in Chicago, and the remarkable success which homœopathy was making in its treatment so impressed him that he felt forced to investigate its teachings, and being convinced of its truth by bedside experience he threw all his energy into its practice and promulgation—an energy which never relaxed until its extinction by death.

In 1858 he associated himself with the late Dr. D. S. Smith, who, like himself, was a native of Camden, New Jersey, and 15 years his senior. Dr. Smith had practised homœopathically for 10 years, being the first physician to do so west of the great lakes. In 1854 the late Dr. Shipman issued the *Chicago Homœopath*, and a year later Dr. Ludlam became its editor. In 1855 the charter of the Hahnemann Medical College was drafted in the office of Abraham Lincoln, the future President of the United States, by Dr. Smith, with the assistance of Dr. Ludlam. In 1859 the College was organised under the provisions of the charter, and, after lecturing for four years on physiology, pathology and clinical medicine he was, writes Dr. Shears in *The Clinique*, "transferred to the chair of obstetrics and diseases of women and children. To this he brought the same studious habits, the same aptness of illustration and elegance of diction that still make his notes on physiology, after 40 years, interesting reading, and it was not long before obstetrics and diseases of women and children became the most prominent chair in the College. Always alive to every new achievement, he was at once interested in the success Marion Simms had attained in his operation for vesico-vaginal fistula, and, recognising this field to be practically unworked, he gave to it his close attention, availing himself not only of all the resources of this country, but of such knowledge as could be obtained by labour and study abroad. His ability and success were at once recognised, and until the day of his death he was the most prominent gynæcologist in the homœopathic ranks. Not only was he an active teacher in the College, but he was a leader and a director in an administrative way as well. For twenty-five years, from 1866 to 1891, he was dean of the college, presided at the meetings of the faculty, guided its counsels, and laboured to his utmost for its success. When storms and trials came he was looked upon as a sure rock of defence, and never did his tact or courage fail to find a triumphal way out of all difficulties. Upon the death of Dr. D. S. Smith in 1891 he was elected president of the board of trustees, which position he occupied at the time of his death. In a medical

way he has received all the honours which a grateful profession can offer. In 1869 he was chosen president of the American Institute of Homœopathy."

At the time of the great fire in Chicago in 1871, when half the city was in ruins, its people homeless, sick, and beggared, he became an active member of the Relief Committee. "He gave freely of his time and money, took into his home the homeless, and, like many another patriotic citizen, divided his office room with the unfortunate."

In 1877, when the Illinois State Board of Health was organised, he was appointed a member of it by Governor Cullom, and for 15 years he occupied an honourable and onerous position on the Board. The Boards of Health in Illinois and many other States have the regulation and control of the profession of medicine in a similar way to our Council of Medical Education and Registration, though with far less arbitrary powers and fewer opportunities for indulging professional prejudices than our Council rejoices in.

"For many years he was the only homœopath on the State Board, yet so tactful was he, so much was he respected for his ability and attainments, that during all this time the pleasantest relations were sustained with his associates, the rights of homœopaths were never infringed upon, and the disgraceful squabbles so common in other States were unknown. During this period the Illinois Board formulated the laws and enactments which gave such an impetus to higher medical education, and which for many years made its list of reputable medical colleges the accepted list the country over."

Dr. Ludlam's contributions to medical literature were numerous and important. In medical journalism he was especially active. His work in this direction is thus described by Dr. Shears: "As has been stated, he was the editor of the *Chicago Homœopath* in 1854, when but 28 years of age. When the publication of this journal was discontinued a few years later he became associated editorially with the *North American Journal of Homœopathy*; from this he resigned six years later to associate himself with the *United States Medical and Surgical Journal*, which was then published in Chicago. When this was discontinued he established *The Clinique*, became its first editor, and remained in this position literally until the day of his death, the April number leaving his hands for the printer the morning of the day he died. While this journal, so unique in its scope, was his joy and pride, and in it are recorded much of his clinical writings during the last twenty years, he frequently contributed to other journals and periodicals."

Of Dr. Ludlam's more permanent contributions to medical literature the best known are his *Clinical Lectures on Diphtheria*—the earliest medical work, we are told, ever published in Chicago, and his *Clinical Lectures on Diseases of Women*, originally published in parts by Halsey & Co., the stock of which was entirely consumed in the great fire of 1871, reappeared in book form in 1872, and has always been regarded as a work of great interest and value, which have been emphasised by the demand for seven editions, and its translation into the French language by, if we remember rightly, M. le Dr. Claude. He, on the other hand, gave us an excellent English version of the *Lectures on Clinical Medicine*, by M. le Dr. Jousset.

His devotion to the work of the medical college and hospital which he was mainly instrumental in founding, and during the last forty years in sustaining, was unceasing. Dr. Halbert, of Chicago, the present editor of *The Clinique*, describes the nature of this work at Hahnemann College in the following words, and they are, we know, no mere words of partisan eulogy; they are absolutely true words. "When he began his work, as he has often said, nothing in the line of clinical application was possible. At the present time the practical teaching is paramount; in surgery all forms of minor and major operations are regularly observed; in gynæcology and obstetrics the student has the fortunate opportunity to see for himself that which would take years of practice to acquire; in general medicine, theory and practice are exemplified by the largest clinic, sub-clinic and hospital experience; in materia medica the affiliation of the remedy in accordance with the law of similars is both subjective and objective; in chemistry practical analysis is utilised to explain the intricate points of pathology in diagnosis and treatment. In addition to all of this, the didactic teaching is more extensive and applicable to the every-day experience of the physician and surgeon, while the laboratory study prepares every student for better work and better success in his chosen vocation. What a great privilege it was for him to live and see this advancement only those who were nearest to him knew. Often has he given expression of his appreciation of this fact, and it will be the greatest ambition of those who worked with him to uphold and advance the standard which his master mind established. When he began our school occupied the defensive position, and the success then achieved was obtained only by the severest trial. To-day our recognition is more complete as the teachings of our colleges comply with the higher ideal of education, and our practitioners show their ability to successfully contend with all forms of disease."

The students who attended his class, followed him round his wards, and witnessed his operations in the hospital theatre, were warmly attached to him. Writing of him as a lecturer and a teacher Dr. Shears says: "His love of a good story was known to all his friends, and his inexhaustible store of anecdotes made a speech by him on the most commonplace subject enjoyable and interesting. No one could approach him in the charm of his manner before a medical class. He impressed the students with his knowledge, he charmed them with his easy manner, he interested them by his quaint observations, and shortened the hour, and impressed his teachings by appropriate epigrams and fanciful stories. Students loved him. What a cheer came up when at the last commencement, pale but pleased and determined, he took his usual place upon the platform, and how affectionately he was greeted at the banquet when he arose to respond to the 'And now Dr. Ludlam,' a toast in itself, and without which the alumni banquet can never be again what it has been—at least to those who were privileged to attend these gatherings year after year."

Dr. Ludlam was a thorough homœopathist and an earnest defender of the rights of his professional brethren. He believed, however, that a knowledge of homœopathy was to be extended by the results achieved by those who practise homœopathically and not, as Dr. Shears remarks, "by town meetings and denunciations of an opposing system, but by the improving of the medical schools, by a proper education of its practitioners, by the exemplification in the daily life of the physician of the beneficial influence of the system and by the observing of the amenities of life."

In an address, delivered some thirty years ago before the students of Hahnemann College, he said:

"No cause is more likely to arouse an unfortunate antagonism among doctors of different creeds than the assumption by either party of the exclusive right to medical knowledge. Direct and emphatic denials of ability and experience, an open infraction of the ninth commandment, the display of ungentelemanly and unchristian conduct are some of the fruits of this feeling. Both the instigator and the victims of this temper of mind are apt to talk harshly and to put too much vinegar into their ink when they write for the medical press. It is provoking to have it said that one is stupid, incompetent, unscrupulous; to be classed with impostors of every kind, from Paracelsus to the inventor of the last nostrum: to be rebuked and ridiculed for professing a faith that is founded upon actual experiment and observation. But it would be unmanly and cowardly to yield to abuse in lieu of argument; to be frightened from our post of duty by

the smell of the burning fuse and the threatening explosion. The rock of confidence between the public and the profession may be blasted and rent in twain, but if we are competent and skilful, and withal self-poised and charitable, we shall escape without so much as the smell of fire from our garments. Because Hahnemann, whose name our hospital is proud to bear, was opposed, maligned, abused and persecuted from city to city, we are not to take up the cudgel against all those who adopt the faith of his enemies, and who continue to wage the war of extermination against us as heretics. Because he was fallible we need not be ferocious. Because he was compelled to vindicate his claim to a hearing, we need not, therefore, be vindictive against those who refused to recognise him as a great benefactor. Our circumstances and those which surrounded him are reversed. He stood alone against the sentiment, tradition and interest of the whole profession and the ignorance and credulity of the people. We have thousands of the best practitioners and a large share of intelligent patronage upon our side. He must feel and fight his way into notice, while we are pleased to spend our energies in elaborating his discovery and adapting it to the physical necessities of mankind.

"Harsh words have no healing properties; there is no need to revive the old bitterness. The incontrovertible logic of facts is the best lever at our command; as physical injury and dissipation trace their characters in the lineaments of the dissolute and abandoned, so the mental fisticuffs in which doctors are prone to indulge leave their impress upon the mind of the physician; they detract from his self-respect and from the respectful consideration and confidence that the community repose in him and his calling."

Amongst British homœopathic practitioners, Dr. Ludlam and Dr. Talbot have for many years been the best-known and most highly esteemed of our American colleagues. Dr. Ludlam was present at the Congress held in Manchester in 1875, when the late Dr. Bayes was the President. On that occasion he read an admirable paper having the title of *Notes on Uterine Therapeutics*.<sup>\*</sup> It formed a strong plea for increased clinical work in our literature. "If," he said, "this is not so practical and creditable as we could have desired, it behoves us to recognise and remedy its defects. If its first period has been of necessity controversial, its second should be clinical and demonstrative." One of the speakers, in the discussion that followed, in remarking on this point in Dr. Ludlam's paper, and urging the need of more clinical

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\* *Monthly Homœopathic Review*. Vol. XIX., p. 673.

observations in our journals, said, "we wanted cases of a particular class, reported in a particular manner. We did not desire cases where the symptoms were not carefully recorded, and where there were no means of ascertaining the relationship borne by the remedy to the disease. We required carefully and thoroughly worked out clinical observations in the first place, well studied medicines in the second, and the relationship existing between the symptomatology of the medicine, and the pathology of the disease clearly and distinctly made manifest. In addition, we wanted also careful records of the progress of cases so reported towards recovery."

We have quoted these sentences because they convey just the kind of literature that we desire to see in this *Review*, a desire which we are glad to be able to associate with the name and memory of a colleague so widely and so justly esteemed as was Dr. Ludlam. Again he visited England in 1882, and was present at the Congress held in Edinburgh when the late Dr. Drury occupied the chair. In 1884 Dr. Ludlam was passing through London on his return from the Continent and attended the Congress held in London when Dr. Hayward was the President. On each occasion he was most warmly welcomed and contributed not only to the instructive character of each meeting, but very largely to the interest of the proceedings after dinner. Possessing an apparently inexhaustible fund of anecdote, his after-dinner speeches were literally punctuated with clever and amusing stories. On these visits he made many friends amongst us who one and all deeply lament his sudden removal, while all are heartily thankful for the large amount of good work he accomplished for the advancement of medicine and surgery during his life.

Dr. Ludlam was twice married; his second wife with their only son, Dr. Reuben Ludlam, Junr., survive him, and to them we offer our most sincere sympathy in the irreparable loss they have sustained.

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### J. TISDALE TALBOT, M.D.

WE deeply regret to announce the receipt, just as we go to press, from Dr. Sutherland, of Boston, of the sad news of the sudden death, on the 2nd ult., of Dr. Talbot, of that city. Thus, within a few weeks of each other, both the Western and Eastern States have been deprived, through death, of their most conspicuous and energetic member of the profession among the disciples of Samuel Hahnemann. We shall hope to give some account of Dr. Talbot's career in our September number.



### ALFRED JOHN POWELL, M.D.

It is with great regret that we have to record the death of Dr. A. J. Powell, who passed away at his residence at Anerley on 8th June ult., in the 74th year of his age.

Dr. Powell was one of the oldest homœopathic practitioners.

It may be interesting to chronicle one or two facts concerning his early life.

He was the son of a builder, and was brought up with the idea of following his father's business, and to this end he was apprenticed to a carpenter. His father died before his apprenticeship was expired, and when that time was up young Powell had simply to go on with the trade he knew, viz., that of carpenter and joiner. When Dr. Powell was at the age of 20, or thereabouts, the late Dr. John Epps was lecturing on the principles of homœopathy; having been made a convert to the principles he advocated, Powell took a shop which he fitted entirely himself—dispensing medicines during the day, and working at the fittings after business hours. The business proved a success, and the idea then came to him of qualifying as a medical practitioner. With this end in view he put a manager in the business and entered as a student at Charing Cross Hospital. Shortly before going up for his M.R.C.S. in 1859, it became known that he was carrying on the business of a homœopathic chemist and that he intended to practise homœopathy when qualified. A meeting of the board of examiners was called in order to see if he could legally be prevented from taking the examination. It was found that this could not be done, and that the only alternative was to make his oral examination as stiff as possible. Notwithstanding these difficulties he passed, and one of the examiners came up to him after the ordeal and said, "You may be a homœopath but we have been unable to plough you."

In the following year Mr. Powell went to Erlangen and there took the degree of M.D.

In 1879 his health gave way owing to the stress of a large practice, and he had to abandon the work of his practice at Newington Causeway entirely for twelve months. At the end of this time he decided to give up general practice and took a house at Anerley, where he has lived for the past twenty years, only occasionally seeing a few of his old patients.

His life was passed in striving to do conscientiously what he considered to be right and in all ways possible to serve his day and generation.

## NOTICES TO CORRESPONDENTS.

\* \* *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL. Out-patients, Mondays, Thursdays, Fridays and Saturdays, 2.0; Diseases of Women. Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Thursdays, 9 A.M.

Owing to pressure upon our pages, several papers have had to be reserved for our next issue.

Communications have been received from Dr. CASH REED (Torquay); Dr. DUDGEON (London); Dr. HAWKES (Liverpool); Dr. HAYWARD (Birkenhead); Dr. HUGHES (Brighton); Dr. JOHNSTONE (Richmond); Mr. KNOX SHAW (London); Dr. MASON (Leicester); Dr. ROBERSON-DAY (London); Mr. GERARD SMITH (London); Dr. SUTHERLAND (Boston, U.S.A.).

## BOOKS RECEIVED.

*Natural Ventilation*: "The Building News."—*The Chemist and Druggist*. July. London.—*The Indian Homœopathician*. June. Lucknow.—*Calcutta Journal of Medicine*. March. Calcutta.—*Hahnemannian Monthly*. July. Philadelphia.—*The Medical Times*. July. New York.—*Homœopathic Eye, Ear and Throat Journal*. July. New York.—*The Medical Century*. June and July. New York.—*New England Medical Gazette*. July. Boston.—*The Homœopathic Envoy*. July. Lancaster, Pa.—*Homœopathic Recorder*. June and July. Lancaster, Pa.—*The Clinique*. July. Chicago.—*The American Medical Monthly*. June. Baltimore.—*The Medical Brief*. July. St. Louis.—*The Pacific Coast Journal of Homœopathy*. June. San Diego.—*The Minneapolis Homœopathic Magazine*. June.—*Revue Homœopathique Française*. June. Paris.—*Revue Homœopathique Belge*. March. Brussels.—*Revista Omiopatica*. May and June. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NIKETBY, 178, Haverstock Hill, N.W.; or to Dr. WILKINSON, 8, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.



### THE BUBONIC PLAGUE AND HOMŒOPATHY.

THE history of homœopathy presents no more striking evidence of its value as a method of drug selection in practical medicine than in having enabled physicians, through it, to have successfully encountered epidemic disease, novel in character and fatal in its tendency. Nothing has tended more to its public appreciation than the superiority shown by the remedies pointed out through it in such epidemics.

That such success has been secured by it cholera and yellow fever especially have, at different periods, amply testified. When the members of the medical profession on the Continent were panic-stricken and rendered hopeless in their endeavours to discover some means of checking the course of cases of cholera in 1831, some of them, who had adopted HAHNEMANN'S therapeutic views, applied to him for assistance in their search for remedies. To enable him to aid them, they forwarded to him a minute account of its characteristic features. By comparing these reports with the experiments, which, up to that time, had been made to ascertain the pathogenetic properties of drugs, HAHNEMANN was able to point to three medicines adapted to meet the conditions characteristic of the first and second stages of cholera, medicines which became, and have ever since proved to

be, more successful than any other three drugs which have been employed. "This one fact," as Dr. DUDGEON has remarked in his *Lectures on Homœopathy*,\* "This one fact speaks more for homœopathy and the truth of the law of nature upon which the system is founded than almost any I could offer, viz., that HAHNEMANN from merely reading a description of one of the most appallingly rapid and fatal diseases could confidently and dogmatically say—such and such a medicine will do good in this stage of the disease, and such and such other medicine in that; and that the united evidence of hundreds of practitioners in all parts of Europe should bear practical testimony to the truth of HAHNEMANN'S conclusions."

It was with these remedies that FLEISCHMANN in 1836 was able to treat 732 cases of cholera in one of the Vienna hospitals with a mortality of only 33 per cent., at a time when in the other hospitals of the city the cholera death rate was about 70 per cent. "This very extraordinary result" wrote the late Sir WILLIAM WILDE (*Austria and its Institutions*) "led Count KOLOWYT (Minister of the Interior) to repeal the law relative to the practice of homœopathy." Sir WILLIAM here referred to a law prohibiting the practice of homœopathy throughout the Austrian Empire.

Again, it was the success achieved at the London Homœopathic Hospital in the treatment of cases of cholera by homœopathically selected medicines, during the epidemic of 1854 (situated as it then was in Golden Square, the centre of the area furnishing the worst type of cases, and watched as they were by a medical inspector of the Board of Health, the late Dr. MACLOUGHLIN, a retired Indian army medical officer, who, in a report that he made upon his visits, said that all the cases he saw in the hospital were cases of true cholera in various stages of the disease, and that he saw several which did well that he had no hesitation in saying would have died under any other treatment), it was this success which gave such strength to the impetus, already existing, to promote the establishment of a larger hospital as to allow of the Board obtaining the funds needed to purchase and convert three houses in Great Ormond

Street to hospital purposes; on the site of which the further public appreciation of homœopathy has enabled them to erect and furnish a hospital building which is, in all respects, a perfect model of a modern hospital.

The widely-spread interest in homœopathy which exists in the United States is largely due to the success which followed the homœopathic treatment of the terrible yellow fever during the epidemics of 1853 and 1878. During the latter, an important commission of enquiry, consisting of physicians of well-established reputation, was appointed to investigate the causes of the epidemic, the measures to be employed to prevent its return, and those being used to promote the recovery of its victims. The original commission consisted of non-homœopathic physicians, and the expenses attending it were entirely met by a New York lady. The therapeutic value of the work of this commission not having any promise of importance about it, another commission was appointed by the American Institute of Homœopathy, when the same lady offered to defray all the charges of its investigation. The physicians appointed were men whose experience in the treatment of this fever had been considerable. Dr. HOLCOMBE of New Orleans, who probably had seen more of yellow fever than any physician practising in the South, was the chairman; the late Dr. DAKE of Nashville, Dr. BUSHROD JAMES of Philadelphia, Dr. BREYFOGLE of Louisville, Dr. PRICE of Chattanooga, Dr. ORME of Atlanta, Dr. FALLIGANT of Savannah, Dr. MORSE of Memphis, Dr. MURREL of Mobile, and Dr. HARPER of Vicksburg, all of whom had lived in districts which had, at one time or another, been visited by the fever, were the members. They reported that they found the mortality under homœopathic treatment to vary in different districts from 3 per cent. to 7 per cent. That under non-homœopathic treatment they ascertained to range from 19.3 to 57 per cent.

At the present time the epidemic known as the bubonic plague which is, and for some time has been, raging in India is a subject of increasing interest. Last year Dr. MAHENDRA LAL SIRCAR, of Calcutta, published an interesting and instructive essay, entitled, *Therapeutics of Plague: being Suggestions for the Prophylactic and Curative Treatment of the Disease*. He quotes from an article in the *Encyclopædia Britannica*, by Dr. J. F. PAYNE,

who had had personal experience of the disease, the statement that "No special line of treatment has proved efficacious in checking the disease when once established"; and then from Dr. GAVIN MILROY, one of the greatest authorities on epidemic diseases, who says, "There is little on this head (curative treatment) in medical writings at all satisfactory or encouraging in respect of the recovery of the sick, but much that is admonitory as to the baneful effects of an over-active and meddlesome medication." He next proceeds to remind his readers that "we have as yet had no testimony from members of our own school. Indeed, homœopathy has not yet had its trial in this disease."

Dr. SIRCAR then, guided by the law of similars, passes on to infer what drugs will prove to be the most probably successful in counteracting the poison of the plague. He commences by quoting the conclusions of others who had preceded him in a similar search for them. He refers first of all to Dr. HUGHES who, in his *Manual of Therapeutics*, when speaking of the plague, says, "Homœopathy has no practical knowledge of its therapeutics; and happily none of us are likely to have any occasion to treat it. If we had, arsenic and lachesis are the two medicines on which I should feel disposed to rely." After noticing the observations of CONSTANTINE HERING, RAUE and WINTERBURN, he makes the following quotation from Dr. HAYWARD's elaborate and exhaustive monograph on the venom of *crotalus horridus*: "*Plague*.—This being, apparently, a typhus fever complicated by carbuncles and engorgement of the lymphatic glands, and *crotalus* being one of the best remedies for each of these constituents, it will doubtless be found one of the best remedies in the treatment of plague, of which, indeed, *crotalus* poisoning presents a very complete picture."

Dr. SIRCAR then points out, from the provings, the symptoms characteristic of plague to which each serpent venom is most strikingly homœopathic. *Crotalus* he says deserves the first place in the most virulent types, especially when associated with a hæmorrhagic tendency. *Lachesis*, he points out as resembling *crotalus* in the great prostrative and septicæmic condition which it produces, but the hæmorrhage of *lachesis* is much less striking than that produced by *crotalus*. Of the cobra, or *naja tripudians*, he writes "cobra is a more energetic

poison than either crotalus or lachesis. Indeed, it is the most virulent of serpent venoms. Its action upon the nervous system is more profound than upon the blood. Hence it should have a place where the prostration is unusually great at the very outset, and there is imminent danger of failure of the heart."

And again, "It is true that the disorganising effect of cobra upon the blood is less than that of lachesis, and much less than that of crotalus, but it is not altogether *nil*. Hence though in cases of plague where hæmorrhages are a prominent symptom preference should be given to crotalus and even to lachesis, we must not forget cobra when the other symptoms correspond with it."

Since this essay was published, the value of homœopathically selected remedies in the treatment of plague has been tested. Dr. MOIR in his *Address* at the Congress which appeared in our last number referred to some of these experiments in the following terms:—

"Major DEANE, R.A.M.C., is now trying in India what homœopathy can do against plague. The mortality under ordinary treatment may, he says, be anything from 60 to 95 per cent. From 70 to 80 per cent. seems to be about the average. Five hundred cases which he treated himself gave a mortality of 54 per cent., and last week he sent me full notes of his last nineteen consecutive cases, with six deaths, as the result of his more mature experience, and this mortality of 81.11 he believes could be maintained.

"Major DEANE has been making use of hypodermic injections of the snake poisons, crotalus and naja. It is interesting to notice that the poisons of these snakes, which have been long used by homœopaths for septic conditions, as well as the poison of some mushrooms, are tox-albumens similar to the toxins of some of the pathogenetic bacteria."

This we feel is a very satisfactory result to have achieved. That Major DEANE's work has had a useful influence we learn from the special correspondent of the *Lancet*, who, writing from India in that journal on the 8th of July (page 121), says:—

"Promise of help in the treatment of plague has appeared from a somewhat unexpected quarter in the method of inoculation with snake poison. So far as it has been tried it appears to have been followed by almost immediate improvement and some experiments which have been conducted on monkeys give further prospect of ultimate success. The poison of the

cobra has been selected, and mixed with glycerine it has been administered hypodermically. A sufficient number of cases has not yet been obtained to enable me to give any comparative statistics, but I am informed that the patients who have so far been treated showed rapid and marked improvement after the injections. A tentative dose equal to about one-fiftieth of a minim was first tried, but a larger quantity up to about one-twenty-fifth of a minim was subsequently employed with more marked and satisfactory effect. It is difficult at present to see the *rationale* of the process, but it may be that the poisons of plague and of the colubrine snakes are antagonistic in their effects on the nervous system. The poison of plague would seem to kill through its action on the nervous system, paralysing the vital centres, and the poison of the cobra, possibly allied chemically to it, may yet be shown to be directly inimical to plague virus. Explanations are of course at present purely speculative, so that we await further experiments in this direction with great interest."

The *Lancet's* correspondent commences his paragraph by describing the use of cobra venom in the treatment of plague as "a promise of help" that has "appeared from a somewhat unexpected quarter"! And this quarter is a study of homœopathy! "It is difficult," he adds, "at present to see the *rationale* of the process." It is equally difficult to see the *modus operandi* of any homœopathically acting drug. In a leading article in the *Times* in 1888 the writer states, quite accurately, "Homœopaths do not offer any explanation or hypothesis. What they say is, that the rule leads them to the choice of the right drug in a given case." Interesting as a theory, explanatory of the fact that *similia similibus curentur*, would be, the success which follows the practical application of the fact is, as Professor BURDON-SANDERSON says, "the one and only criterion" when we come to judge of a therapeutical method. That this law or rule is scientific in character we know. Sir JOHN SIMON describes, as characteristic of the operation of science, the apprehension of the laws of manifestation of the phenomena of nature, "not as mere empirical memories of what has been, but as a means of confident predictions of what will be" (*Lectures on Pathology*, p. 2). Such confident predictions, abundantly warranted by the event, have repeatedly been made since HAHNEMANN's forecast of the chief remedies in cholera.

This "promise of help in the treatment of plague,"



which the correspondent of the *Lancet* informs the readers of that journal "has appeared from a somewhat unexpected quarter" was, as we have shown, made by Dr. HAYWARD fifteen years ago, later by Dr. SIRCAR and Major DEANE, who were guided thereto in each instance by the law of similars, by homœopathy, by that therapeutic principle which was enunciated by HAHNEMANN a century since.

Surgeon-Major DEANE has favoured us with notes of his last eighteen cases of plague, which we have much pleasure in publishing in our present issue. From these it will be seen that while the serpent venoms are the most completely homœopathic remedies to a simple typical plague condition, many cases occur presenting complicating phases, revealing cerebral, pneumonic or intestinal pathological developments, resembling the effects of such medicines as hyoscyamus, phosphorus and arsenic. To these, as being occasionally required to meet such conditions homœopathically, Dr. SIRCAR has referred in his essay, deducing the indications for their use from the provings. It is not to a single remedy in all cases of a given form of disease that homœopathy directs attention, but to the several remedies that the varying conditions or symptoms indicate the necessity for, that this method points. It is the treatment of patients, not simply of diseases, that it enables us to conduct.

That it will prove a true guide in this instance, as it has done in cholera, yellow fever, and other epidemics, Major DEANE's efforts in testing it give us every reason to hope.

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## BACTERIOLOGY AT THE BRITISH MEDICAL ASSOCIATION.

By R. E. DUDGEON, M.D.

THE close of the London season is quickly followed by what our journalists have aptly called the "silly season" when accounts of big gooseberries, the sea serpent, eccentric cucumbers and new all-destroying explosives fill the columns of the papers lately occupied by the reports of parliamentary wisdom and fashionable frivolity. This is the season the British Medical Association selects for

the display of the accumulated medical wisdom of the year by means of eloquent and other addresses by a selection of the great, wise and eminent men who abound in the all-embracing Association. The President this year was Dr. J. Ward Cousins, the senior surgeon to the Portsmouth Hospital, whose address on "The Century's Progress in Medicine and Surgery," was, as the editor of the *British Medical Journal* tells us, "delivered with a passion and fire which aroused the enthusiasm of all who listened to it." We can readily believe that it had this effect, not on account of any originality or novelty in the subject of the address, which was the well-known and oft-repeated history of the achievements of Hunter, Jenner, Koch, Laennec, Lister, Simpson, Roentgen and the rest, but on account of the gorgeous epithets bestowed on his heroes and their works. Thus we find the orator speaks of the "brilliant researches" of Hunter, the "brilliant labours" of Lister, Pasteur, Koch and Sir J. Paget, the "splendid labours" of Farr, the "splendid efforts" of Parkes, the "splendid devotion" of Florence Nightingale, the "splendid discovery" of Simpson. In fact, the address coruscates with oratorical fireworks, and must have had on its hearers the effect of a grand bouquet of rockets at a pyrotechnic display on the gaping crowd.

But I am not interested in a eulogy of the past achievements of medical celebrities. I search the reports of the addresses, to learn all about the present state and future prospects of medicine, and more particularly to find out how the latest development of medical wisdom, the so-called "science of bacteriology," is getting on. As the result of my search, I find that things are not going on with it quite as well as its votaries might wish. Dr. Cousins, though posing as a convinced believer, sings its praises in what I may call a minor key. Sir R. Douglas Powell damns it with very faint praise, and Dr. George Wilson utterly condemns and repudiates it. The writer in the June number of this *Review* said the opponents of bacteriology were a "minimum minority," soon to be "entirely extinguished." This exhibition at the headquarters of the dominant medical sect, seems hardly to portend the utter extinction of the protesting few who have refused to bow the knee to the omnipotent microbe. A few years ago no member of the Association would

have presumed to speak of bacteriology except in terms of unqualified admiration. But this year we have the chosen orators of the annual assembly harping upon it in an ever-descending gamut of appreciation.

The President, Dr. Cousins, ascribes the germ of this germ theory to Watson's idea, in 1840, that influenza was caused by "myriads of animalculæ coming in contact with the mucous membrane, and exercising a poisonous influence on the system." Dr. Cousins, of course, knows nothing about Hahnemann, or he might have credited him with being the father of the germ theory, for this was precisely the mode he said cholera was propagated by in 1831. But probably as time goes on there will not be much competition among the representatives of the two schools for the dubious honour of priority in this matter. Dr. Cousins attributes the "fresh light" that has illuminated this "young science" to the "brilliant labours" of Lister, Pasteur and Koch. What these "brilliant labours" were or what they produced he does not precisely inform us, so we are left to guess. Lister, we know, invented an apparatus for producing a spray of carbolic acid in order to kill the microbes in the atmosphere, but many years afterwards he told us that the spray did not kill the atmospheric microbes, which, he said, after the manner of Mr. Toots, were of "no consequence," and he confessed himself ashamed that he had ever proposed his spray machine, which in the meantime had been almost universally adopted by surgeons, and had brought its author wealth and honours. Pasteur's chief claim to distinction in this field is doubtless his anti-rabic "vaccinations," which have never cured a case of rabies, but have undoubtedly given the disease to many who would otherwise have escaped it. "M. Pasteur," as one of his distinguished countrymen, Professor Peter, remarked, "*ne guerit pas la rage, il la donne.*" Koch has acquired a similar celebrity by his injections of tuberculin for the cure of tuberculosis, which never cured any but, according to Professor Virchow, killed many.

Dr. Cousins tells us that the "tiny organisms" are everywhere "in earth, air and water, in the dust that floats in the sunbeam, on the clean walls of our dwellings, in our clothing, in our food, our milk, and in

the very dainties which we swallow from the hands of our accomplished cooks," and "yet the world contains many healthy people, a fair proportion of whom live to a good old age." "Many of these living atoms are our deadly foes," he does not tell us how many or what they are; "but, on the other hand, many of them are our secret friends." And then follows a passage of quite Shakespearian eloquence, reminding us of Prospero's speech about the "cloud-capped towers." "The wheels of nature would soon be stopped without their benign assistance, and the flora and fauna of the world with man himself would pass away." So the inference to be drawn from Dr. Cousins's observations on bacteriology is that, on the whole, the bacteriologists might well cease their futile war against supposed disease-producing microbes and direct their undivided efforts to encourage the growth of those beneficent micro-organisms which are essential to the existence of the flora and fauna of the world and of man himself. Dr Cousins professes a belief in "the comforting doctrine of phagocytosis," which is on a par with that "comforting word Mesopotamia," and will bring comfort to the very select few who still believe in it. Though acknowledging that bacteriology has as yet done nothing to lessen the horrors of that surgeon's dread, septicæmia, Dr. Cousins says that he has "no doubt that some of the surgical victories of the future will be won by bacteriological science," which is a pious opinion of a kind very familiar to us in the writings and addresses of the partisans of traditional medicine. Something good is always hoped for "in the future," generally "in the near future," but that happy time somehow never seems to arrive.

Before parting with Dr. Cousins, I may quote a sentence from his address which, I suspect, was not one of those which "aroused the enthusiasm of all who listened to it." "It is my opinion," said the orator, "that in the near future there will be far less medicine taken than formerly—not that I think there will be much reduction in the quantity prescribed by the faculty, but rather that people generally are growing wiser," and so presumably will not swallow so much as the "faculty" would like them to do.

The "Address on Medicine" was delivered by Sir Richard Douglas Powell, Bart., and "Bacteriology"

necessarily formed a conspicuous item in his discourse. He begins rather disparagingly: "It must be confessed that bacteriology in its application to diagnosis and treatment in practical medicine is yet in its infancy," which means that he thinks it of little use, but he adds that it is "full of promise," which is encouraging, but he again dashes our hopes by saying, "the complete fulfilment of which none of us will live to see." The stereotyped "near future" of most allopathic prophets becomes thus a very distant future, somewhere about the Greek Kalends, I should imagine. He acknowledges that the busy practitioner cannot conduct bacteriological investigations, and that he must depend for these on the experts of research associations, who will do them for a more or less moderate fee, which the "busy practitioner" will not be very anxious to pay. He reminds us that our "accessible mucous tracts," i.e., the orifices of our body, constantly contain "samples of the organisms specific to many diseases," which do us no harm until "a period of depression comes over us involving some slight change in our blood or tissues, some local or general alteration in our chemical or vital functions, and one or other of these organisms," which we always have within or around us, "may receive the opportunity for aggressive cultivation." That is to say that the ubiquitous microbe will not multiply in any considerable quantity until disease has so altered our tissues as to render them suitable for the growth and multiplication of their parasite. But this is giving up the whole doctrine of microbes being disease germs. As well say that the blue fly causes the decomposition of the meat, when we know that it is because the meat is decomposed that the fly deposits its eggs in what it knows is a suitable pabulum for its progeny; or that the mite causes the decay of cheese, when we know that the mite comes to the cheese because it is decayed. Disease of one sort will suit the staphylococcus, of another the pneumococcus, of another the gonococcus, and as these microbes are always in or around us, when their suitable pabulum is provided by disease they flourish there like maggots in carrion or mites in cheese. But as meat may decompose and cheese decay without maggots or mites, so diseases may and do occur without their characteristic microbes, and as maggots and mites

are found in other places than meat and cheese, so micro-organisms are met with in other diseased structures besides those they are credited with being specifically related to. In fact it is no rarity to read of all sorts of micro-organisms having been found harmoniously dwelling together in places where only one specific microbe was expected. The rapidity with which many microbes will increase and multiply in all sorts of extraneous media, such as agar-agar, chicken broth, gelatine, potato slices and what not, shows their cosmopolitan tastes, and militates against the notion that they are specific to one single disease; as well say they are specific to chicken broth, potatoes, or any other of the media in which they flourish.

That the morbid or altered condition of the parts is the primary step in an infectious or contagious disease, and that the appearance of the bacillus in any notable quantity is a secondary stage, as Sir Richard seems to say, is evident from this, that the bacillus, say of diphtheria, is not met with in any considerable quantity until the disease is well advanced, and, as is well known, the Klebs-Loeffler bacillus is often found in the throat weeks or months after the diphtheria has been cured. It may also be found there, living in harmony with other pathogenic microbes, long before any diphtheria occurs. Why does it not keep up a constant diphtheria if it be the cause of this disease? Evidently it is not the cause, but its presence is the consequence of the disease. It is only a parasite that flourishes in parts which by morbid action have become a soil suitable for its growth.

The diagnostic value of the microbe is sometimes very small. I have just heard from a colleague that a patient of his who had only a slight and transient bronchial affection was pronounced to be affected with phthisis by a bacteriological doctor because he had discovered quantities of Koch's bacilli in the sputa; and only a fortnight ago I saw a lady with unmistakable signs of phthisis in a pretty advanced stage, who brought with her, from a Parisian bacteriological expert, a certificate to say that she had no tubercle bacilli, but only some streptococci in her sputa.

It will be remembered that at the meeting at Marlborough House to consider the best means to be

adopted for the prevention and cure of consumption, Sir William Broadbent, who was supposed to represent the united wisdom and latest views of the medical profession, stated that consumption was no longer held to be a hereditary disease, but that it was unequivocally a contagious malady, that persons become infected by inhaling air infested by the bacilli of tubercle which were derived from the dried sputa of consumptives, and that the best means for preventing such infections were, in addition to fresh air and sunlight, to insist on consumptives refraining from spitting about rooms or in places of public resort, and supplying them with spittoons for the reception of their bacilli-laden expectoration. Sir Richard Douglas Powell, in his address, shows that his fellow baronet did not represent the opinion of all the faculty on this subject. He states that improved sanitary conditions, without reference to the exclusion of the then unknown bacillus, had already, during the last half-century, reduced the mortality from consumption from 98 to 14 per 10,000 living. "To set heredity at naught, to regard climatic considerations of no importance, and to state that the disease is always acquired by direct contagion, is, in my opinion, to ignore much that is true, and to magnify that which should be carefully guarded from exaggeration." And, again, "the susceptibility to become tuberculous runs in families, and this, I must confess, remains with me an unshaken belief." He here gives some statistics to show the greater mortality from phthisis among families of consumptive parentage, and confesses his agreement with Jenner, who "declared the transmission of tuberculosis from parent to child to be one of the best established facts in medicine;" and he concludes that "the evidence of the contagiousness of phthisis is extremely slender." Another great factor in the production of phthisis is "the influence of a wet subsoil." Evidently, Sir Richard's views are diametrically opposed to those of Sir William, and the bacillus, which the latter regards as the chief factor of the disease, occupies a very inferior position in the opinion of the former. As a proof of the non-contagiousness of phthisis, he says: "The records of the officials and servants of one of our largest consumptive hospitals taken out for 50 years, including a period precedent to the use of any

special preventive measures beyond those of ordinary sanitation, show a death-rate not in excess of that of the ordinary population."

But if Sir R. Douglas Powell's address shows but a feeble and half-hearted adhesion to the microbic theory of disease, that of Dr. George Wilson, M.A., M.D., LL.D., M.O.H. Mid-Warwick district, is an out-spoken condemnation of the entire bacteriological doctrine. "The few pathogenic microbes which bacteriologists have discovered associated with human disease, and which they can isolate and cultivate, are those of tuberculosis, diphtheria, enteric fever, cholera and plague; but all these are found associated with necrosed tissues, and it is open to argument whether, instead of being labelled the unconditioned *causa* of their respective diseases, they may not be performing a benign function in changing the necrosed tissues into harmless products, just as various kinds of micro-organisms are necessary to change filth and all dead organic matter into harmless matter." Again, "bacteriology has rather led us on false lines in assuming that the pathogenic microbe of any disease is the *causa causans* of that disease. I venture to say that the unconditioned microbe need have no terrors for humanity." What he has to say about the bacteriological doctrine respecting tuberculosis and its proposed treatment is not very flattering. "This insane hunt after the tubercle bacillus, as if it could be bottled up in twopenny-halfpenny spittoons and got rid of, is the insanest crusade ever instituted on illogical lines." Dr. Wilson is utterly incredulous as to the efficacy of antitoxin serum injections, but this part of his address I need not dwell upon. Dr. Wilson is afraid his remarks may be very unpopular with his colleagues and thinks he may have been indiscreet in speaking his mind so freely, but he may comfort himself with the reflection that he has spoken what he and many others believe to be the truth about the microbe delusion, and in the cause of truth the better part of valour is indiscretion.

The addresses I have commented on show that the modern doctrine of the microbic origin of disease is in rather a shaky state. Still, I do not expect that prosecution of the science, art, or *metier* of bacteriology will be abandoned for some time to come. The absurdity of



a doctrine is no bar to its adoption by large masses of the medical profession, and the more absurd it is the greater zeal they will often display in its defence. John Brown's crude theory of the nature of disease was defended with their lives by his partisans in Göttingen, and I doubt not there are equally zealous adherents of the microbic theory. One great hindrance to the abandonment of the bacteriological theory and practice is that, as Dr. Wilson queerly expresses it, they are "steeped with commercial interests." That is to say, bacteriology is a trade which deals in serums and makes researches for a pecuniary consideration. Bacteriologists are not, as a rule, in practice as medical men, they are mostly dependent on their laboratory work for their livelihood. Moreover, they are usually very clever men, and very much looked up to by the busy practitioners, who are unable to make the required researches for themselves. With all these circumstances operating to endear bacteriology to its professors and recommend it to the practitioner of medicine, it will, I fear, be a work of time and labour to convince the public and the profession of the fallacy of the whole doctrine of the microbic origin of disease, but that this will eventually take place and that some of us will live to see it I have no doubt.

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## BACTERIOLOGY AND ITS CRITICS.

By J. GIBBS BLAKE, M.D.

THE publication of Dr. Bantock's address to the British Gynæcological Society as a separate pamphlet and the simultaneous appearance of Dr. Newman's book on *Bacteria*, give a good opportunity of comparing both sides of the questions raised by Dr. Bantock, who takes as his text a bacteriological demonstration given by Dr. Newman at a previous meeting of the same Society.

From a therapeutic standpoint the views expressed by Dr. Bantock are very interesting, as they show that the treatment of the patient is much more hopeful. If the views of the advanced bacteriologists were true, the only treatment for many diseases would be the discovery of some antidote or antitoxin to counteract the effects of the diseases produced by bacteria. Not only has Koch's

tuberculin failed, but we know that hygienic, dietetic, and drug treatment are able to do much to help a patient to recover from tuberculosis, even if the tubercle bacillus be allowed to be the pathogenic cause. The predisposing causes of heredity, damp soil, defective ventilation, and catarrhal affections give opportunities for therapeutic or preventive treatment. The law of similars has enabled us for three generations to combat the constitutional condition which is so important a factor in the development of tuberculosis.

There is an observation mentioned by Fränkel\* which goes to show that the use of disinfectants is not so safe in operating as simple cleanliness. Arloing and his coadjutors proved that the bacilli of symptomatic anthrax (black leg) will affect animals not otherwise susceptible to them, if the tissues be previously treated with corrosive sublimate, carbolic or pyrogallie acid.

Fränkel† also notices that white mice, which are insusceptible to the bacilli of glanders, were found by H. Leo to become susceptible when they were made artificially diabetic by being fed on phloridzine. A good example of the susceptibility produced by diseased states of the blood is afforded by ordinary cases of diabetes where the liability to carbuncle may be explicable in this way.

Dr. Bantock denies the existence of the secretions of bacteria. He says, "Where is the evidence of secretion? Do they possess a secreting organ?" The word secretion may be objected to, but we have evidence of the production of chemical changes in the fluids in which micro-organisms are present. The torulæ are as devoid of secreting organs as the bacteria, and yet it is well known that their growth is attended by chemical changes, the most important of which is the formation of alcohol in a solution of glucose. In decomposing meat the albuminoid bodies are broken up under the influence of bacteria and very poisonous bodies in the form of ptomaines are formed. Now and then, we have unfortunate evidence of the effects of these products of decomposition in cases of accidental ptomaine poisoning. Dr. Newman says (*Bacteria*, page 181) there can be

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\* Fränkel's *Bacteriology*: Linsley's translation, p. 125.

† *Loca Citata*.

little doubt that food bacteria afford an example of association and antagonism of organisms, and thinks it possible that certain microbes in food have an economic value.

Again, one of the most interesting examples of the power of bacteria in producing chemical changes is afforded by the discovery that the bacteria in the nodules on the roots of plants belonging to the natural order leguminosæ, have the power of fixing the nitrogen of the air and of producing nitric acid. This is done to such an extent as to affect the fertility of soil. A crop of lupins has been grown and ploughed into the land and found to increase the nitrogenous qualities of the soil. Farmers have known a long time that a crop of vetches will improve the land, but it is only during the last few years that the explanation has been forthcoming. This effect of bacteria is as extraordinary as any secreting power.

Dr. Bantock's experience may be explained by the great power a healthy body has of resisting the influence of bacteria, but he seems to think that if they are taken into the body they act as scavengers, and are not pathogenic. That some act as scavengers is admitted by all bacteriologists. Dr. Bantock quotes Buchner as an authority that the phagocytic theory is exploded, but Dr. Newman says (*Loca Citata*, p. 270) that Dr Buchner has pointed out that the power of blood and lymph to kill bacteria depends in part possibly upon phagocytosis, but largely upon a chemical condition of the serum. The aqueous humour, ascitic fluid, and other juices of the body, have the same destroying power.

After a comparison of the publications of Bantock and Newman, it is evident that the former is not fair to the bacteriologist, who writes with much reserve, and acknowledges that many of the so-called pathogenic bacteria are only "provisionally accepted as the cause of the specific disease." Newman says, "In order to secure a standard by which all investigators should test their results, Koch introduced four postulates. Until each of the four has been fulfilled, the final conclusion respecting the causal agent in any bacterial disease must be considered *sub judice*. The postulates are as follows:—

"(A) The organism must be demonstrated in the circulation or tissues of the diseased animal.

"(B) The organism thus demonstrated must be cultivated in artificial media outside the body, and successive generations of a *pure culture* of that organism must be obtained.

"(C) Such pure cultures must, when introduced into a healthy and susceptible animal, produce the specific disease.

"(D) The organism must be found and isolated from the circulation or tissues of the inoculated animal."

These postulates are not new, and Bantock gives no suggestion that the investigations of bacteriologists are conducted on such logical principles. Now Newman states\* that anthrax and tubercle are the only two diseases that unconditionally comply with all Koch's postulates, and says there is a long list of diseases, such as scarlet fever, small pox and rabies, in which the nature of the causal agent is still unknown. "Hence it must not be supposed that every disease has its germ and without a germ there is no disease. Such universal assertions, though not uncommonly heard, are devoid of accuracy."

Dr. Bantock makes no mention of anthrax, the bacillus of which was isolated by Koch in 1876 and since then has been investigated by numerous observers, so that it is now recognised as the pathogenic cause of anthrax. I think we must look upon Dr. Bantock's address as the speech of an advocate, as he disregards well-known facts which tell against his side. The enthusiasm of a reformer may be an excuse for his statements and conclusions. However, his experience and objections show that the germ theory does not account for the phenomena of the majority of diseases, and his protest is useful as a protection from the hasty generalizations of some bacteriologists.

## RECENT PEDIATRICS.

By J. ROBERSON DAY, M.D.

### OIL OF GAULTHERIA IN CHOREA.

Has been used as an external application, either pure or applied as an ointment. The salicylic acid it contains explains its beneficial action on the rheumatic diathesis, of which chorea is a manifestation.

### DIPHTHERIA ANTITOXIN USED TO PREVENT THE DISEASE.

During an epidemic of diphtheria at the Washington Children's Hospital all the patients were injected with antitoxin, no matter what the disease they were suffering from. 422 were thus treated, 100 units given to infants, 250 units for children from two to six years, and 300 to 500 units to those above six.

In 420 of these cases no manifestations occurred which were due to the bad effects of the antitoxin. Urticaria appeared in two cases only.

It would appear that the doses were too small, and better results would have followed if more units had been given. The period of immunity obtained varied, and this was ascertained from seventeen (out of the 422) who subsequently contracted diphtheria. The average period of immunity for these seventeen cases was 51.1 days. Generally speaking, the larger the dose, the longer the period of immunity.

The immunising dose had no bad effect on the kidneys. Urticaria appeared in two cases only. This was the only pathological effect obtained.

The administration of antitoxin by the mouth has been tried, but further evidence is needed before its value can be ascertained.

### GASTRIC ULCER IN A CHILD AGED TWO MONTHS

is recorded. Vomiting and hæmatemesis continued four weeks, and then perforation and peritonitis caused death. At the autopsy a perforating ulcer of the stomach was found.

### TYPHOID FEVER

in early childhood is uncommon, and the "Widal's serum reaction" should be used in suspicious cases to aid diagnosis, as the symptoms are always indefinite.

A child, aged two months, was admitted during an epidemic of enteric fever to hospital, with suspicious symptoms. The Widal's reaction gave a positive result. The child died, and post mortem the Peyer's patches were found inflamed and ulcerated. Cassonte considers that many cases in early life are not diagnosed.

#### RELAPSES AND SECOND ATTACKS OF THE ACUTE SPECIFIC DISEASES.

R. H. Kennan (*Dublin Journal of Medical Science*) while R.M.O. had three undoubted cases of relapses in scarlatina patients; in all cases the first attacks were slight.

Measles frequently occurs a second time, and at the children's department, London Homœopathic Hospital, a case of varicella occurred twice in the same boy in less than a year; both attacks were severe. (J. R. D.)

#### AN OVARIAN CYST,

completely filling the abdominal cavity in a girl age 11, has been successfully removed. (*Texas Medical Journal*, 1898.)

#### MASTOID DISEASE FOLLOWING THE EXANTHEMATA.

Inflammation of the middle ear commonly follows the exanthemata, especially after scarlatina and measles. In measles its type is mild and yields to treatment, in scarlatina the progress of the disease is rapid, and the mastoid very soon involved. The disease commences after rash is over and temperature fallen; there is great pain in the ear and temperature rises to 104° or 105°, or patient may complain of little pain and simply be restless. Next the membrana tympani ruptures and a flow of pus follows; at same time there is relief from symptoms. If the drum does not rupture the pus finds its way through the Rivinian fiesure to the back of the ear, where it appears as a sub-periosteal abscess.

Such patients should have their ears carefully examined, and if there is inflammation of the tympanum the membrana tympani is to be incised, to evacuate pus or relieve tension. Irrigation with weak perchloride lotion should follow. It is not sufficient simply to incise the post-auricular abscess, the antrum should be opened. If thorough drainage is thus made there will be no danger of septic meningitis. The opening in the

membrana tympani may or may not close spontaneously. If it does not, Okuneff's method may be employed by means of trichlor-acetic acid.

#### MEASLES.

An early and reliable symptom in measles would be of the utmost value, as the early catarrhal symptoms are so indefinite that measles is rarely recognised till the rash appears.

The exanthem on the soft palate and buccal mucous membrane is not present in all cases, but when it does appear, is seen before the rash on the skin.

Bolognini has drawn attention to the early sign which he observed in an extensive epidemic in 1893. The patient lies on the back with legs drawn up. The two hands are then gently placed on the abdomen, when a peculiar sensation as in emphysema of the integuments is felt.

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### EIGHTEEN CASES OF PLAGUE.

By H. E. DEANE, Major, R.A.M.C.

#### CASE I.

ANDALOO (female), age 9. Admitted 24th December, 1898. Ill three days with fever, severe rigors, and pain and swelling in right axilla.

On admission, T. 101·2°. P. 116. R. 46. Drowsy; unable to sit up or stand. Tongue coated and red at tip and margins. For the next few days her temperature ranged 99°—104°. P. 100—132. The pain in bubo was very severe; on Dec. 29, she had great difficulty in moving her head; buboes had appeared on both sides of the neck, which increased in size; difficulty in swallowing came on, the swelling increased in the axilla and was spreading down the right arm, with great tenderness of the arm.

Up to this she had been taking naja internally.

On evening of 30th there was difficulty of breathing and swallowing, and I blistered the skin over the swelling on right side of neck (her head was fixed towards the left shoulder), and applied a tincture of crotales 1/1000 to the surface, and gave apis m. 5 every hour.

The next morning the pain was much less, though there was no difference in the size of the swelling. Breathing was easier, and the child had not quite such a distressed look.

The swelling of right arm had spread to the elbow and was very tender.

Apis was continued every two hours.

On Dec. 31, temperature rose to  $104^{\circ}2$ ; but the next day, Jan. 1, 1899, she looked brighter than she had hitherto been, and there was no danger as regards interference with breathing or swallowing. The cellulitis of the arm rapidly subsided. On Jan. 3, it is noted that the swelling was most marked over left angle of jaw. The further progress does not bear on any particular point. The right cervical bubo suppurated, and she was discharged Feb. 14 quite well.

#### CASE II.

Mooneumkaty (female), age 18. Admitted 2nd January, 1899, at 4.50 p.m. Says fever set in yesterday, but had a swelling in left femoral region three days ago.

T.  $104^{\circ}$ . P. 140. R. 40.

Headache. Eyes injected. Drowsy. Does not answer questions properly. Rolls her head about.

Apis, m. 2, every hour.

Jan. 3. T.  $104^{\circ}6$ . P. 140. R. 36. Does not roll her head so much as last night.

3.15 p.m. Inclined to muttering delirium, and will not answer questions.

Crotalus 1/1000, m. 3, two hours by mouth.

Jan. 4. T.  $101^{\circ}4$ . P. 88. R. 36. Seems better.

Jan 5., 3.15 p.m. Is in a state of low muttering delirium, constantly talking to herself, picking the bed clothes, spits out her medicine.

Sensibility to external impressions is lost. Her condition is one not to be distinguished from delirium tremens.

Hyoscyamus, m. 10, every two hours.

Jan. 6. T.  $100^{\circ}6$ . Slept a little last night, still delirious, but seems clearer in her mind.

E. T.  $98^{\circ}4$ . Answers questions, but is restless, and after answering a question lapses into muttering.

Jan. 7. Conscious this morning.

Jan. 8. Restlessness less, puts out her tongue when asked. Hyoscyamus, m. 5, every three hours.



E. Slept soundly to-day.

Jan. 9. T.  $99.4^{\circ}$ . Delirium stopped, and from this date, though she was very weak for some days, she made a good recovery.

The bubo suppurated, and was opened on 12th February.

At first I had small hopes of this woman's recovery but the action of the hyoscyamus was most satisfactory; and from observation of similar cases, I think this a drug which finds a great place in treating those cases of plague presenting the symptoms calling for it.

### CASE III.

Lutchmee (female), age 25. Admitted 21st January, 1899. Has been ill four days, with swelling in right femoral region first, then fever, slight cough. Bubo excessively tender. T.  $98.4^{\circ}$ . P. 102. R. 26. Heart sounds muffled. Pulse soft and compressible.

Lachesis 1/1000, m. 5, two hours.

Jan. 22. Severe pain in the head.

R. 26. P. 74. E. T.  $99.8^{\circ}$ .

Jan. 24. Last evening T.  $101.8^{\circ}$ . No sleep, rigors, severe headache.

R. 40. P. 116. T.  $104.6^{\circ}$ .

In evening T.  $105^{\circ}$ ; slight hacking cough; pulse very soft, and sphygmogram shows want of tone in vessels.

Naja 1/1000, m. 3, hypodermically.

In two hours' time T.  $102^{\circ}$ . The injections repeated twice in the night.

Jan. 25. T.  $98.4^{\circ}$ . P. 96. R. 32. Bubo still very tender. A sphygmogram shows a marked difference to last night's; the tendency to dirotism has gone, and there is tone in the vessels.

From this date, the bubo subsided without suppuration, her general condition never caused more anxiety, and she was discharged Feb. 14.

### CASE IV.

Andiamneah (female), age 6. Admitted 21st January, 1899. Daughter of Case III. Said to have been ill six days with fever; illness setting in with pain and swelling of right side of neck. T.  $105^{\circ}$ . R. 48. P. 144.

Headache, delirium set in a few hours after admission, when she was lying with her head retracted, and very restless and irritable, giving rise to a strong suspicion of meningitis setting in.\* There was harsh breathing at back of left axilla.

*Apis mellifica* (tincture), m. 5, every hour, ordered at 4 p.m. when she was in the above state.

Jan. 22. T. 100·4°. R. 38. P. 124. No sleep last night. Has been rolling her head this morning.

E. T. 99·4°. Slept from 10 a.m. to 6 p.m.

Jan. 23. T. 98·4°. R. 36. P. 80. A marked improvement in her general condition; retraction of head and extreme irritability have gone. From this date she made an uninterrupted recovery. Bubo suppurated, and was opened on Jan. 28.

Discharged Feb. 14.

#### CASE V.

Lutchmee (female), aged 35. Admitted 24th January, 1899. Lost two children from plague a month ago. Says she was all right this morning early, but at 11 a.m. got fever.

Her eyes were congested, slight headache only, pulse scarcely perceptible, and heart sounds very faint. T. 103·2°. P. 132. R. 34.

*Naja* 1/1000, m. 5, hypodermically, to be repeated once during the night.

Jan. 25. T. 98·8°. P. 80, easily counted. R. 30. Heart sounds much improved. Albumen in urine.

Jan. 26. Eyes much less congested. E. T. 101°.

Jan. 28. No albumen.

After this, the case is unimportant.

Discharged Feb. 4.

#### CASE VI.

Fatma Bee (female), age 60. Admitted 25th January, 1899. Attended funeral of her daughter, dead from plague, nine days ago. Been ill two days.

Complains now of pain all over her body, severe headache, and great thirst. Has a small but very tender bubo in left groin. Tongue clean. T. 102°.

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\* NOTE.—I have no doubt the *apis* averted the meningeal symptoms, common in children with cervical buboes. Compare Case I. for action of *apis*.

P. 124, small and weak. Skin hot and pungent to the touch.

Jan. 25, 4.30 p.m. R. 40.

Naja 1/1000, m. 5, hypodermically.

7 p.m. T. 103.2°. P. 112. R. 32. Repeat injection.

9 p.m. Pulse fuller.

Repeat injection at 10 p.m., and continue by mouth every two hours.

Jan. 26. T. 104°. P. 110. R. 40. Slept fairly well and headache gone.

E. restless and tossing her head about.

Naja, m. 10, hypodermically.

Jan. 27. T. 100.8°. P. 84. R. 28. Looks clearer and brighter.

The bubo subsided without suppuration.

Discharged Feb. 12.

#### CASE VII.

Kishtamah (female), age 14. Admitted 28th January, 1899. Ill five days. Set in with rigors. Noticed swelling in right femoral region two days ago. Had severe headache, and pain in bubo at first. Tongue is moist. Pulse soft and compressible. First sound of heart short. T. 100.6°. P. 120. R. 32.

Jan. 28. Naja, 1/1000, m. 10, hypodermically.

2.30 p.m. P. 100. R. 28. Had some sleep after the injection.

Jan. 29. T. 98.6°. P. 100. R. 26.

Bubo still very tender.

Jan. 31. Bubo much less tender, after this it subsided without suppuration.

Discharged well, Feb. 14.

#### CASE VIII.

Oblappah (male), age 30. Admitted 31st January, 1899. Says that two days ago fever set in with rigors. Had just come in from Yellakanka (little way out from Bangalore), where his father had died of plague four days before. He came to Bangalore the day after his father's death. On admission eyes congested, more especially the left. Tongue coated white. Heart sounds masked by lung's sounds. Tremor of body.

T. 102.4°. P. 136. No buboes.

Naja 1/1000, m. 10, hypodermically.

Jan. 31, noon. T. 103.4°. R. 50. P. 130.

Repeat injection at 3 and 4 p.m.

5 p.m. T. 104°. R. 54. P. 110, very weak.

Breathing laboured and noisy, but no adventitious sounds.

Died at 2 a.m., Feb. 1.

#### CASE IX.

Moonian (male), age 35. Admitted 2nd February, 1899. He has well-marked symptoms of leprosy, thickened ears and tubercles on forehead; dry, scaly and shiny skin, and toes and nails of both feet affected. Says he had diarrhoea yesterday and several watery motions before admission. Swelling in left thigh seven days ago, followed, he says, by rigors and fever. Skin hot and dry, drowsy.

T. 103·2°. P. 136. R. 36. First sound of heart short. Pulse weak and compressible.

Crotalus, 1/1000, m. 10, hypodermically.

10 p.m. T. 103°. P. 126. R. 26.

Repeat injection and m. 10, by mouth, if awake, every two hours.

Feb. 3. T. 101°. P. 108. R. 24. Says he feels better. Bubo is large and tender. Severe pain in it during night.

E. T. 103·4°. P. 112. R. 32.

Feb. 4. T. 97·6°. P. 96. R. 22.

E. T. 103·8°. P. 112. R. 36. Pulse fuller.

5 p.m. Repeat injection.

6.30 p.m. T. 101·2°. P. 120. R. 28.

Feb. 5. T. 97·2°. P. 94. R. 20.

From this date, his convalescence has been very satisfactory. The bubo was poulticed on Feb. 4, 1899, and incised on Feb. 9, 1899, evacuating pus. The wound is closing fast now, on Feb. 19.

#### CASE X.

Venkatee (female), age 35. Admitted 5th February, 1899, with her husband, and the cases were counterparts of each other in a remarkable degree (see Case XI.). The daughter died five days ago of plague, but had no bubo. On admission, T. 103·4°. R. 52. P. 120, and almost running. Eyes congested. Heart's action arrhythmical.

Says she has been ill five days. *No buboes.*

Mental condition quite clear. Burning sensation in eyes and soles of feet.

Tongue furred and flabby.

She was evidently dying, but I gave her *crotalus* 1/1000, m. 10, hypodermically, with no benefit, and she died two hours after admission.

#### CASE XI.

Gungadoo (male); age 35. Husband of Case X. Admitted 5th February, 1899. Ill five days; set in with rigors; now has headache; pulse almost running; heart sounds inaudible.

T. 103.4°. R. 42. P. 120.

Eyes congested. *No buboes.*

*Crotalus* 1/1000, m. 10, hypodermically, at 11.40 a.m. and 12.45 p.m.

At 1.30 p.m. his pulse was a little better, not so running; and at 4.30 p.m. heart sounds were audible.

*Crotalus*, m. 5, by mouth,  $\frac{1}{2}$  hour.

6 p.m. T. rose to 105.4°. Hiccough set in, but had no pain; skin dry and burning hot. Mind clear. Pulseless.

Died about midnight.

#### CASE XII.

Chinnamak (female), age 23. Admitted 5th February, 1899. Father died of plague in Yellakanka about fifteen days ago. Says she had fever with rigors for one day about ten days ago, and a swelling appeared below lobe of right ear this morning.

Complains of pain on swallowing. Pulse soft and compressible. First sound of heart muffled. T. 100°. P. 130. R. 28.

*Naja* 1/1000, m. 10, hypodermically, and m. 5, by mouth, every two hours after.

Feb. 6. T. 99.4°. P. 104. R. 30. First sound of heart more pronounced. Pain in bubo, which is very tender, but smaller.

From this time the temperature was evidently connected with the painful condition of the bubo, which was poulticed and small doses of belladonna given. The symptoms subsided rapidly, and the bubo resolved without suppuration.

Discharged well Feb. 18.

## CASE XIII.

Bai Ammiah (female), age 30. Admitted 7th February, 1899. States fever set in with rigors yesterday, and noticed a swelling in left thigh this morning.

Eyes slightly congested. Large bubo in right femoral region.

No plague in her house, but says she visited a plague case a week ago.

She is said to have been confined a month ago.

T. 105°. P. 150. R. 44.

12.45 p.m. Naja 1/500, m. 5, hypodermically.  
Repeat at 1.45 p.m.

2 p.m. T. 105°. P. 148. R. 40.

8 p.m. P. 128. R. 42. Inclined to sleep.

Feb. 8. T. 104°. P. 156. R. 44. Slept well.  
Tongue thickly coated white. Pulse very soft.

Feb. 9. From this time her condition deteriorated. At 3 p.m. pulse was thready and could not be counted, and there was low quiet delirium. Temperature remained 104°—105°.

She had three injections of naja 1/500, and she passed a fair night.

Feb. 10. T. 103°. P. 108. R. 44. Bladder much distended. Catheter passed.

Naja 1/500, m. 10, hypodermically.

Heart sounds are stronger, and not so muffled. There is a dark sanious discharge from vagina.

E. T. 102°.

Feb. 11. T. 100°. Still delirious and general tremor of the whole body, which is so often a symptom of dangerous import.

Hyoscyamus, m. 10, every two hours. Paralysis of bladder persists.

Feb. 13. T. 108°. P. 140. R. 40. Delirium ceased. Tongue beginning to clean at tip. The muscular tremor still exists. Ordered yesterday small doses of opium alternately with hyoscyamus.

Feb. 14. T. 103°. Had good sleep last night. The muscular tremor much less. The fur on tongue is breaking up. No delirium.

Feb. 15. T. 101.2°. Bubo smaller. Says she feels better. Talks rationally.

Feb. 16. T. 102°. Still bladder paralysis. Tongue cleaning rapidly.

P. 110. R. 44. No lung symptoms. Muscular tremor quite ceased.

I think it pertinent, as illustrating the condition the patient was in, to state that a visiting medical officer, who had previously seen the case, expressed surprise at finding her alive.

There seems some tenderness over uterine region. The vaginal discharge changed to a red colour and now ceased.

I saw this woman after giving up charge of the hospital, and found her convalescent. The bladder paralysis had ceased entirely.

#### CASE XIV.

Subha Row (male), age 10. Admitted 8th February, 1899, from the railway station, having come in from Ooregaum Gold Mines, where he is said to have been taken ill with fever last night.

T. 105.2°. P. 156, small. R. 38. Tongue coated white. No cough. Buboes in right inguinal and femoral regions. Eyes slightly congested.

3.30 p.m. Naja 1/500, m. 10, hypodermically.

9.0 p.m. T. 104.2°. P. 150. R. 42.

Feb. 9. T. 103.6°. P. 100. R. 42. Had a fair night. Takes nourishment. He was ordered belladonna and arsenic alternately last night; but in the afternoon of this date he became delirious, vomiting and diarrhœa set in, during which two round worms were voided through the mouth; the heart became arrhythmical and he rapidly sank, and died at 5.30 p.m.

#### CASE XV.

Santhagu Row (male), age 40. Admitted 9th February, 1899. Said to have been taken ill yesterday with fever, and a bubo appeared last evening in left femoral region.

T. 101.4°. R. 34. Pulse imperceptible. Quite conscious. Eyes congested. Speech thick and dragging. Tongue white, and red at tip. Body cool. Bubo is large and tender. No cough.

Naja 1/500, m. 10.

In a few hours cough set in, with delirium, and speech was an exact representation of a man under the influence of alcohol.

Injection repeated at 6 p.m., but he failed to rally at all, and died at midnight.

## CASE XVI.

Munna Bai (female), age 8. Admitted 9th February, 1899. Her father was admitted with plague this morning. The child is said to have been taken ill this morning.

T. 105·2°. P. 140. R. 40. Skin hot and dry.

Naja 1/500, m. 10, hypodermically.

4 p.m. Sleeping. T. 105·8°. R. 28. P. 132, small, and not easy to count.

Repeat injection 7 p.m.

Feb. 10. T. 102·4°. Slept well all night. Looks better. First sound of heart faint; second rather sharp.

3 p.m. In a state of singing delirium. T. 105°. P. 156. R. 24. Heart sounds are better marked.

Feb. 11. A bubo, small and very tender, appeared in right axilla.

From 10th to 16th she was treated with small doses of arsenic or opium; the delirium ceased on 14th. On night of 12th she had sound sleep; on 13th bubo was noted as larger, and on evening of 16th her temperature 104·8°. P. 104. She looked heavy and dull, and would not answer questions. The bubo was very tender and the tissues over and round the gland seemed more affected and infiltrated than the gland.

Apis, m. 5, every two hours.

Feb. 17. T. 98°. Quite conscious and puts out her tongue when asked. Bubo seems less tender.

I saw this child again at the beginning of March, after I had left the hospital, and found her convalescent.

## CASE XVII.

Yenkama (male), age 10. Admitted 10th February, 1899. Had fever three days and a swelling below angle of right jaw, which, he says, preceded his fever.

Tongue white.

T. 100·2°. P. 138. R. 24.

Bubo prevents him opening his mouth properly, and is very tender.

Naja 1/500, m. 10, hypodermically.

E. T. 103·8°. P. 120. R. 36. Was frightened this evening by a man dying in the ward.

Given small doses of opium.

Feb. 11. T. 99°. Pain in bubo.

Feb. 12. T. 97°. Bubo rapidly subsiding. Slept well.



After this he rapidly improved, and was discharged Feb. 17.

CASE XVIII.\*

Moonegurapah (male), age 30. Admitted 18th February, 1899, at 10.45 a.m. Eyes very congested and face flushed, in a semi-conscious state, and cannot be roused. Skin dry, not very hot. Is said to have vomited a green fluid on the way to hospital.

T. 102.4°. P. 96, small and compressible. R. 28.

Small bubo in left femoral region, pressure on which makes him flinch.

Naja 1/500, m. 10, hypodermically.

11.45 a.m. Repeat.

3.45 p.m. Repeat.

5 p.m. T. 104°. Restless. Forehead puckered. Eyes open and fixed. Rolls his head, tremor of neck muscles.

Pulse fuller, but soft and compressible.

Midnight. T. 102°.

Feb. 14. No sleep in the night; takes food with difficulty; can be roused to put his tongue out, which is white on dorsum, red at tip and edges. Eyes much less congested. Body tremulous.

5 p.m. Died.

[NOTE.—The naja used in these cases was diluted with glycerine in the proportions mentioned, and was of Major Deane's own preparation.—EDS.]

TWO CASES.

By WM. LAMB, M.B., Geelong, Victoria.

I.—*Poisoning by Tea.*

THE following is the patient's own description of his case (the Rev. J. S.):—

“About seventeen years ago (in 1881) I was apparently in serious ill-health, and became ill rather suddenly with what seemed like nervous prostration. For the second time in my ministerial life, which began in 1868, I was laid aside from preaching, the first time, in 1869, having similar symptoms. The illness was intermittent, that

\* NOTE.—Though this case was a desperate one from the first, the slight improvement in his pulse and mental condition gave a faint hope of well doing, but it was not fulfilled.

is to say, there were sudden short attacks of an almost unbearable kind and indescribable. There was no pain, but a sense of being overwhelmed by some unaccountable sensation. It seemed as if I were in the throes of a mortal combat. There was with it a feeling of pitiable helplessness and misery. Yet there was no way of accounting for it by my experienced medical attendant. During one of the attacks he was present, and was overheard by me, saying, "I don't know what to do." He found no organic disease in my body. Medicine taken seemed resultless. Now for some particulars of the illness.

"The attacks were not preceded by any ill symptoms. In the intervals I was fairly well, but being troubled also with insomnia, I got very weary and languid. The attacks usually occurred at night, though after a time they occurred during the day; but the night attacks were worse. The sensation was of something rising from below the stomach, becoming very distressing as it came to the throat, when there was a suffocating sensation, and it passed away. It lasted for a very short time, and made me feel as if it could not be long endured. Turning round and lying on the face sometimes seemed to arrest the progress of an attack. There was palpitation during the attack. It seemed at times that a jump out of bed arrested the attack, as if the recumbent posture was the most open to it. Although it came sometimes when sitting or standing, it was not then so bad. I became at length so wakeful that I dreaded the night coming on, and looked on it as a great trouble to get asleep. One noticeable feature of the case was that there was flatulence, and when relief came it was by the expulsion of wind. I had no headache, though hot. Now for the cause.

"I was ordered away by the doctor for three months' rest and change; and although the change was agreeable the attacks occasionally came on, and especially on just lying down to rest at night. I began to think that something I was taking must be disagreeing with me, but scarcely knew what it could be. I first thought of porridge, which was taken every morning, having heard that some could not take it without being the worse for it. It was left off, but there was no change. Then I thought of tea as the only thing that it could be, and

being fond of it I made up my mind only to leave it off for three weeks. All the symptoms of the illness disappeared. Then I returned to it, and the symptoms returned. I found it was my enemy; yet I only took two ordinary cups per day—morning one and evening one—and often only one per day, in the evening when I took coffee in the morning. I liked it moderately strong, and could never relish it with sugar. So it was not the quantity that was taken that did the harm.

“I then resolved to abstain from tea at home, except as an occasional treat, taking cocoa instead, and intended to take it when away so as not to cause trouble; but a few days' continuance anywhere reminded me that it was injuring me. So I have to be very careful about it.

Dr. Lamb states that China 1 enables the Rev. J. S. to take a cup of tea without the penalty of insomnia.

## II.—*Idiosyncrasy in regard to Eggs.*

A lady, æt. 37, after the birth of her sixth child. took Collinsonia 1x for constipation and piles in increasing doses, resulting in an appalling attack of vomiting and purging with deathly faints. About three weeks later, she first noticed that after eating an egg, or part of an egg, she would perceive a burning pricking sensation on the tip and anterior portion of dorsum of tongue, speedily followed by vomiting and fainting. So sensitive did she become to the ingestion of an egg, that she felt the pricking on her tongue if she partook of one teaspoonful of a pudding in which there was only one egg. This lasted for two years, after which she was able to eat eggs without the above symptom.

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## REVIEW.

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*The Treatment of Hemorrhoids and Rectal Prolapse by means of Interstitial Injections.* By DUDLEY WRIGHT, F.R.C.S.

London: Glaisner, 1899; pp. 16. 1s.

MR. WRIGHT has issued what is practically a reprint of his article on this subject which appeared in our January number of this year. We need, therefore, only say that this pamphlet will be useful for reference to those of our readers who do not bind their back numbers.

## MEETINGS.

## BRITISH HOMŒOPATHIC SOCIETY.

## ANNUAL ASSEMBLY.

THE fifty-fourth annual assembly of the British Homœopathic Society was held at the London Homœopathic Hospital on Wednesday and Thursday, July 5th and 6th.

On the Wednesday evening after the usual notices of motion, a Clinical evening was held in the out-patient department of the hospital, under the auspices of the Section of Surgery and Gynæcology, of which Dr. E. A. Neatby is Secretary. The arrangements for the exhibition of the cases were in every way admirable. The following cases were exhibited :

By Dr. Galley Blackley. A case of Mycosis Fungoides, with Microscopic Preparation of Blood from the same.

By Dr. Byres Moir. A case of Aneurism of the Aorta in a man aged 41.

By Dr. Madden. A case of Cerebral Lesion in a young woman, age 21, who had had tubercular peritonitis and acute tubercular meningitis, and made a slow recovery under bry. calc. bell. tuberculinum.

By Dr. Goldsbrough, two cases. 1.—Cerebellar Ataxy. 2.—Bilateral Paresis of the Deltoids, Abductors of the Thumbs and Flexors of the Fingers, with considerable deposits of fat and double cataract.

By Dr. E. A. Neatby, three cases. 1.—Abdominal Tumour. 2.—Syphilitic Ulceration of Labium Majus. 3.—Venereal Pudendal Sores, for comparison with the foregoing.

By Dr. Washington Epps. A case of Lupus Vulgaris of the Foot and Leg.

By Dr. Burford, three cases. 1.—Cystic Enlargement of the Gall Bladder. 2.—Huge Fibroid of the Uterus. 3.—Case of Uterine Fibroid with accompanying Melancholia.

By Mr. Dudiey Wright. A case of Cirroid Aneurism of the Dorsum of the Hand.

By Dr. Roberson Day, two cases. 1.—Lymphangioma. 2.—Congenital Syphilis.

By Mr. Johnstone, two cases. 1.—Ascites or Pelvic Cyst. For diagnosis. 2.—Enormous Bone Tumour growing from left Innominate Bone.

By Dr. H. Wynne Thomas. A case of Cerebellar Lesion with Double Optic Neuritis, Spastic Paresis and Retraction of Head.

By Dr. Leo Rowse. A case of Rheumatoid Arthritis.

By Dr. Spencer Cox. A case of Pulmonary and Cardiac Disease.

After the cases had been shown, a large number of Fellows and Members joined in a discussion on various points of interest which had been raised.

On the Thursday evening Dr. H. Wynne Thomas, of Bromley, was elected a Fellow of the Society. The report of the Council, and of the Indexing and Materia Medica Committees were presented, which showed that a large amount of useful work had been done during the past session.

Dr. E. A. Neatby tendered his resignation as Librarian of the Society. In doing so he briefly sketched the main features of the library as it exists at the present time, and concluded his term of office by presenting the Society with a complete catalogue, which had been compiled after the plan of the catalogue in the reading room of the British Museum. The hearty thanks of the Society were given to Dr. Neatby for his work on behalf of the library.

#### ELECTION OF OFFICERS.

The following officers were elected for the year 1899-1900. President: Dr. Washington Epps; Vice-Presidents: Drs. George Burford and Cash Reed; Treasurer: Dr. J. Galley Blackley; Council: the outgoing President, *ex officio*, (Dr. A. C. Clifton); Fellows: Dr. Byres Moir. Dr. E. A. Neatby, Mr. Knox Shaw and Mr. Dudley Wright; Members: Mr. C. J. Wilkinson, Dr. Macnish.

#### LONDON HOMŒOPATHIC HOSPITAL.

A FESTIVAL dinner was held at the Hotel Cecil on Wednesday, June 21, to celebrate the fiftieth year of the hospital. Mr. STILWELL, Chairman of the Board of Management, presided, and there were also present:—Mr. E. L. Bateman, C.B., Mr. W. Battersby, Mr. and Mrs. A. R. Bax, J.R. and Mrs. Blackley, Mr. Beecroft, Dr. Brown, Dr. and Mrs T. W. Burwood, Mr. J. O. Butcher, Mr. and Mrs. Ralph Callard, Mr. and Mrs. A. Cates, Mr. and Mrs. A. E. Chambre, Miss May Coleman, Rev. and Mrs. Dacre Craven, Dr. and Mrs. Spencer Cox, Mr. and Mrs. W. M. Cross, Mr. W. E. Cross, Mr. G. A. Cross, Miss Cross, Mrs. Roberson Day, Dr. and Mrs. R. E. Dudgeon, Dr. Washington Epps, Mr. and Mrs. W. Franklin, Mr. Thomas Garnett, Miss Garnett, Mr. Sydney Gedge, M.P., Dr. and Mrs. G. Goldsbrough, Señor Guetary, Dr. E. A. Hall, Mr. and Mrs. G. Hardy, Miss Hester, Mr. A. Marshall Jay, Dr. James Johnstone, Mr. and Mrs. C. A. Kelly, Miss Kennedy, Mr. H. J. Kluht, L.D.S., Dr. David Macnish,

Dr. T. C. Marsh, Mrs. Minton, Dr. Byres Moir, Mr. and Mrs. T. Nachez, Dr. Edwin A. Neatby, Dr. and Mrs. W. F. Newbery, Mr. and Mrs. G. H. Paine, Mr. W. Penfold, Mrs. Rayner, Dr. and Mrs. Lestock Reid, Mr. and Mrs. R. P. W. Reneau, Mr. and Mrs. R. Roche, Mr. Robinson, Miss Robinson, Señor Rubio, Mr. F. A. Sewell, Mr. C. T. Knox Shaw, Dr. and Mrs. Gerard Smith, Mr. and Mrs. S. Spicer, Mrs. Stilwell, Mr. L. M. Stocken, Mr. and Mrs. P. Stretton, Miss Swayne, Mr. and Mrs. Litton Taylor, Mr. and Mrs. E. H. Thirlby, Mr. E. L. Vinden, Mr. and Mrs. E. H. Wasser, Mr. and Mrs. Watts, Mr. (M.P.) and Mrs. Weir, Mr. and Mrs. G. Wetherbee, Mr. A. J. Williams, Mr. and Mrs. C. E. Wilkins, Mr. Woodroffe, and Mr. Dudley Wright.

The CHAIRMAN, in proposing the toast of Her Majesty the Queen, His Royal Highness the Prince of Wales and the other members of the Royal Family, said: Ladies and gentlemen,—I need hardly remind you of the many years during which Her Most Gracious Majesty has reigned over the Empire. In the year 1887 the Jubilee was celebrated with an enthusiasm unequalled in the history of the nation. The year 1897 was marked by her Diamond Jubilee and we have just celebrated the eightieth anniversary of her birthday. In this unprecedented, long and happy reign the kingdom has become an empire and the relations between monarch and people have been drawn closer, a result of the wisdom, the high-mindedness and the affection which the Queen-Empress has ever shown towards her people. Her family have inherited and shown forth the same qualities, and in his Royal Highness the Prince of Wales we have a man of noblest position and of kindest heart. His interest in the sick and suffering is marked by the institution of a fund which bears the name of His Royal Highness for the relief of the sick and afflicted. From this fund the hospital received £245 in 1897 and £200 last year, for which we are most grateful. Gratitude has been described as a lively sense of favours to come. We hope to receive something still larger. This year the hospital has received a visit from the Committee of the Prince of Wales' Hospital Fund, and the gentlemen who came were not only satisfied with all they saw, but went away with the best feeling towards the hospital. (Applause.)

Proposing the toast of "The London Homœopathic Hospital, its Founders, and First Friends," the CHAIRMAN said: Ladies and gentlemen—I have to express my own personal regret, and I am sure in doing so I express the regret of all here, that Earl Cawdor, our worthy Treasurer, is not able to be in this chair to-night. I feel that I am a very unworthy substitute for him, (No, no!) For many years he has been a most liberal supporter

of our hospital, and we all regret that he is not here. I have a letter from him in which he says, "I am sorry that I shall be unable, on account of the state of my health, to be at our dinner. I shall be obliged if you will explain the reason of my absence to our friends. I hope the dinner will be in every way a success, and that we may be able to raise the amount necessary to place our finances on the most satisfactory basis. I have much pleasure in enclosing herewith a cheque for £100 to place to the credit of the fund you are raising. (Cheers.) Believe me, yours sincerely, Cawdor." I am sure we are all very glad indeed to hear that his health has improved. (Applause.) Sir Henry Tyler also has asked me to express his regret at his absence. We know what a good friend to the hospital he has been. He asks me to say how sorry he is not to be able to meet the friends of the hospital, and desires me to express his deep interest and warm wishes for the success of the fund we are raising. I now ask you, ladies and gentlemen, to fill your glasses for a toast—the toast of the evening, I may call it—"The London Homœopathic Hospital, its Founders and its First Friends." We have many friends now, but we are glad to think of our first friends—of the earliest of our benefactors. There is Dr. Quin, the originator of the British Homœopathic Society, of the first Homœopathic Hospital in Golden Square, and of the second hospital in Great Ormond Street, since pulled down and rebuilt. His name was associated with it for a great many years, and at his death a bequest of £10,000 was given to the hospital under his will. The late Mr. Hugh Cameron was another who interested himself much in founding the hospital, as did the late Dr. Stephen Yeldham. Were it not for him I should not have been in the chair this evening. We also have to remember Dr. Edward Hamilton, who still is amongst us, and has always retained a kind heart towards us. (Hear, hear.) Nor can we ever forget Lord Ebury also, who was our Chairman from 1854 to 1888, during which time he helped us very much. He was our President from 1888 to his death in 1898. It was to him we owe a demand for a return to Parliament of the treatment of cholera patients in our hospital, which would have been burked had it not been for him. He, too, intervened in the House of Lords to expunge a clause in the Act for regulating the practice of medicine which would have made the practice of homœopathy impossible, and substituted another making illegal any attempt to disqualify students for adherence to any particular theory of medicine. (Applause.) We must also recall the memory of Mr. Nathaniel Barton, our treasurer from the foundation of the hospital in 1849 till the year 1868. We are glad to know

that the members of his family are still very kind supporters of our hospital at the present time. We all remember Major William Vaughan Morgan and the great energy with which he supported the hospital. He was a subscriber from the date of the removal to Great Ormond Street, and he did more for the consolidation, development and financial progress of the hospital than any supporter of his time. He joined our Board in 1866, became treasurer in 1875, and chairman in succession to Lord Ebury in 1888, and when through ill health he was obliged to relinquish his active interest in the hospital, I was asked by him to carry on his duties while abroad. Of the first friends of the hospital some are still with us—Dr. Hamilton and two ladies who are constant visitors to the wards and most generous donors. The oldest friend of the hospital contributes £500 to the Jubilee Fund. (Applause.) But as old friends pass away we need new friends to take their place. Our late patroness—Princess Mary, Duchess of Teck, has passed away. She was always a good friend of the hospital and gave her name to any effort which was being made to aid its funds.

I appeal to you, ladies and gentlemen, who are here to-night for liberal gifts. We have received a great many promises of help which will be read out to you by-and-by and I hope all those who have not contributed will take the opportunity of using the papers laid before them. I do not want to trouble you at the Festival Dinner with statistics, but I think I may tell you that the in-patients in 1850 were 156. That was our first year; and last year, our 49th year, the patients numbered 1,111. Our out-patients in the first year—showing how much homœopathy was appreciated at that time—were 1,547, but last year 18,551. (Applause.) I think I need add nothing to these figures to show you how much the work of the hospital is appreciated. You are all aware of the object of our meeting this evening. In building our new hospital we have increased the number of beds. We have a large hospital, which had to be paid for, and which has been paid for by the generosity of our supporters. But we have been obliged, as our annual income has not increased in the same ratio as the work, to ask our friends this evening for £15,000. That may be said to be “a large order”—it is not an order at all, but a petition to which we hope to have found a kind reply. It is a question whether the Board is to be supported in continuing the work of its hospital with perfect efficiency as at present or not. I only hope we may be supported. And I can tell those here that it is the object of the Board, in every respect, to save expense wherever possible. In a large hospital like this we cannot materially diminish expenditure without



diminishing efficiency. What I would advocate, now, is a general movement throughout the country in sympathy with the appeal I make—(applause)—to show the appreciation of homœopathy by English men and women which would encourage us to go forward in the belief that the hospital is one of the best, although not one of the largest, hospitals in the country. I was in company the other day with Dr. Hayward, of Liverpool, and I was glad to hear him say that he had interested himself, unofficially perhaps, in the new school of medicine in Liverpool which is inquiring into the cause of African fever, and how best to combat its ravages. Here is a great opportunity for homœopathy. Dr. Hayward is there ready with his advice. Speaking as a homœopath I believe that there is very little hope for those suffering from African and other tropical fevers outside homœopathy. (Hear, hear.) I think that homœopathy is the one science that can help to recovery from those deadly diseases. I express the hope this evening that this opinion will go forth, not only all over England, but that it will cross the Channel and the Atlantic, for in America they are particularly interested in this subject now, because in the Philippine Islands they have a very troublesome matter to deal with. They have not only the wounds, and the fevers which come from the wounds, but their troops have come from a large continent which is healthy, to small islands where the climate is adverse to any of Saxon lineage who are not in robust health. I hope that in America, where homœopathy is so very much in the ascendant, they may also investigate the power of homœopathy to deal with those climatic risks which are run by soldiers who are fighting under tropical conditions. (Applause.) Well, you have seen what the hospital has done. I have given you statistics both of in-patients and out-patients. I look forward to a very glorious future for homœopathy. I want to have a regularly-constituted medical school in connection with the London Homœopathic Hospital. I want to see a school affiliated to the London University, where candidates could obtain certificates of proficiency, and that those certificates should be recognised either by the examining body of the Medical Council, or else by the London University, who should on such certificates give diplomas in medicine. (Applause.) If this can be brought about, I think that homœopathy will spread rapidly. I cannot hide from myself the fact that young men do not come in as I could wish. Students do not come to the Homœopathic Hospital and acquire homœopathic tuition and knowledge. I am sorry for it, because I think, with all due respect to other systems of medicine, we have something to

show them—(applause)—something which they have not got, and which, without investigation and instruction in homœopathy, they never will get. We want an endowment for such a school; we want the power of saying, “Here we give certificates of proficiency, which shall be recognised by a licensing body, and which no man can dispute.” (Hear, hear.) Now, I think that in the next fifty years—which, of course, I myself cannot look forward to—if there is a decided effort made by men who see the reasonableness of homœopathy, such a thing will come about. We want Members of Parliament who are homœopaths to bring forward the question in Parliament; we want Cabinet Ministers to adopt our system, and to bestir themselves in favour of homœopathy, and we want every man, and every lady, to come forward boldly and influence his or her own circle, and to treat their little children, when necessary, on homœopathic principles. We want them all to interest themselves in pushing homœopathy forward instead of considering that it is a kind of offshoot from the ordinary medical school, to say it has a system of its own which must progress because it is the right system, and is the ONLY SCIENTIFIC SYSTEM. Is it too much to hope that our hospital will ever have a charter? I hope, indeed, to see it endowed with a charter enabling it to give diplomas in medicine. But to have that it must be bigger than it is. When I look at the growth of the Homœopathic Hospital in the last twenty years, I am not without hope that I may live to see it in possession of a medical school with a school of surgery attached.

Ladies and gentlemen, I now give you the toast: “The London Homœopathic Hospital—Its Founders and First Friends.”

The toast having been honoured with enthusiasm,

Mr. SYDNEY GEDGE, M.P., said: Mr. Chairman, ladies and gentlemen,—When a man has to make a speech on an important subject, especially after dinner, it is a great help to him, especially if he is a shy and nervous man like myself, to speak not in his own capacity but as the representative of a constituency. I do not pretend for one moment that I am now speaking as the representative of the very important borough of Walsall, which has such exceedingly good taste in the choice of a representative—(laughter)—and which is also distinguished as having the Sister Dora Hospital within it, but I do represent this evening not one constituency but three. I consider that, in proposing the toast which has been entrusted to me, I represent the patients of the hospital, the subscribers to the hospital, and also the rest of the kingdom—(laughter)—at least that wise part of it which prefers to

be doctored homœopathically. As representing all these three constituencies, I have to ask you to drink the health of the Board of Management and of the Staff, and I am sure when you have heard of the reasons why you ought to do so you will drink the toast with your whole hearts. Yesterday I had the great pleasure of going over the hospital from top to bottom, and very pleased indeed was I with all I saw. I was very glad myself that it was no larger, because having at different periods of my life interested myself a little in therapeutics, I have noticed how very much lower the death-rate is in small hospitals of, say, 100 beds, than it is in larger hospitals. And I think your Board of Management were very wise indeed in limiting the size of the hospital to 100 beds. If they say they did not build more because they had no money they make a great mistake. (Laughter.) I am sure that it was wisdom that directed their choice, and not the want of money. I was also very pleased to see how every necessary with regard to the hospital had been attended to. The ventilation seemed to me to be perfect and the drainage system admirable, and all the appliances were in every way up to date. There is a cheerful air about the whole place which is delightful, and a great debt is due to those who have brought it about. In the first instance, of course, we owe it to a great extent to the subscribers, but still you can often put a great deal of money into a thing and not get good results. We have heard of costly failures, but your hospital is not one. (Applause.) It seems to me that it is what it should be, and it was erected by the Board of Management with the good advice of the Medical Staff. All that could be learned from existing hospitals was learned, and so we have the experience of all the London hospitals. Therefore, for that reason alone, I think we may say we should be thankful to the Board of Management and drink their health. And then it is not only the work of building. Money may make the mare to go, but it won't run a hospital. The hospital cannot be run with money alone, unless you have a good board of management well advised by the medical staff. That you certainly have in your present Board of Management, and I think that every credit is due to them and that our gratitude is due also. (Applause.) But perhaps the culminating fact is that the Board of Management puts on one side that barbarous old plan of having only men at dinner, and invites the ladies to join them. (Laughter and applause.) I have a very decided preference for what may be called mixed dinners. At the same time I am aware that other persons prefer dinners from which ladies are excluded. I remember being told of some men who met together to

consider the question whether they should have a mixed or unmixed dinner, and by the vote of one man, who was the veriest old bachelor ever known, it was decided to have ladies to the dinner. He was attacked by those who had looked to him certainly to support them and was asked how could he desire ladies at the dinner. "My dear fellows," he replied, "a man's dinner is very nice, but you miss that delicious sigh of relief when the ladies go upstairs." (Laughter.) I am happy to say that at the end of this dinner there will be no sigh of relief, because we shall go away with the ladies. I have to couple with this toast the name of Mr. Alan E. Chambre. You are celebrating the fiftieth year of the hospital, and for the latter half of that time—no less than twenty-five years—Mr. Chambre has been a member of the Board of Management. No doubt of late years, since he has been at Tunbridge Wells, he has been in the hospital rather more in spirit than in the flesh, but I am delighted to tell you that he is tired of Tunbridge Wells and is going to let *Tun* and *Well* alone—(laughter)—and is coming back to London to live in a flat, and intends to devote the rest of his life to assist the hospital. (Applause.) Well, leaving the Board of Management, I now turn to the staff. The staff is, first, the doctors—the physicians and surgeons—and I ask you to drink their healths and to thank them for all that they have done. I suppose it is thought easy to make jokes at the expense of doctors—in fact it is common to do so. But still jokes are not confined only to doctors; I have heard them made about parsons and I regret to say they even make jokes against lawyers. (Laughter.) There used to be good reason for making jokes against doctors. You remember the old name for a doctor—a leech, because he bled his patients and also his patients' pockets. (Laughter.) But it has often struck me that of all the people who are disgracefully underpaid, it is the general practitioners who establish themselves in the country. (Hear, hear.) They are people who are shamefully underpaid, and I wish their trade unions could assist them. However that may be, they certainly used to do things which rendered them to a certain extent worthy of those sneers of the old days—the days before Dr. Hahnemann. (Laughter.) Even Macbeth said "Throw physic to the dogs." (Laughter.) Thanks to homœopathy this is not necessary. As far as I understand the system, my homœopathic friends take out little bottles and ask me to join them. (Laughter.) Well, after all the doctors can afford to laugh at us. When we are ill and do not know what is the matter with us, do not we always send for the doctor and look forward to his coming? One little bit of advice, however, I

would give to doctors is—always to send in their bills as soon as the patient is cured. (Laughter.) I always tell my doctor to send his in, and I pay the cheque, but he always sends it in with an apology—"by special request." (Laughter.) Lord Byron wrote:—

This is the way physicians mend or end us  
*Secundum artem*—but although we sneer  
In health, when ill we call them to attend us  
Without the least propensity to jeer.

But we do not owe everything to the medical staff. What would the medical staff be without the one house surgeon, and you have lately appointed a lady house physician. I would very much rather see a lady house physician of a hospital than see her an alderman of a corporation. (Laughter.) But not only to the doctors but to the nurses do we owe very much what has been done, and not only to the nurses but to the cook. (Laughter.) I remember some years ago reading Aristotle—not much—but I remember he laid down the axiom that diet was more than medicine, and I am sure any doctor would say it was no good taking drugs unless the food prepared for the patient is nicely cooked and served. Looking round the hospital wards what struck me most was the exceeding tenderness and great cheerfulness. I had the pleasure of speaking to several patients, and it was delightful to see the pleasure with which they regarded the nurses, and the happiness they enjoyed, thanks to the doctors and the nurses and their constant care, the admirable cooking, and all other blessings. And then there is one other man I must not forget—a man who is a sort of connecting link between the Medical Staff and the Board of Management—and that is your indefatigable and cheerful secretary, Mr. Cross. (Applause.) I ask you to drink to the staff, and with that I have the pleasure of coupling the name of Mr. Knox Shaw. And what is the result of all this? because in these days we all judge by results. In the first period of nine years that the hospital was opened there were 25,000 patients, and in the last period of five years there were 94,000, and Mr. Cross says if we go on to the end of the nine years as we have gone on in the last five years of that period we shall have treated 168,208 patients in the nine years. (Applause.) I only hope that we shall all live to verify this estimate of Mr. Cross, and that the number will even exceed his estimate. And that brings me to my third constituency—that is the people outside. In the first place I must mention the poor of the neighbourhood. I am told by one who knows them best that your hospital is called the hospital of the poor, but people who are not poor owe a debt of gratitude to the hospital.

We who are well-to-do know that our doctors acquire their knowledge and skill by experience of all sorts of cases which are to be found in hospitals and in hospitals alone. With the best appliances around them and the patients and nurses entirely under their control they try the effects of their medicines, and learn that which enables them to cure poor and rich alike, and, therefore, I appeal to you from a selfish interest also to do your best to help forward this noble work. I ask you to drink with all your heart the toast of the Board of Management and Medical Staff, with which I couple the names of Mr. Alan E. Chambre and Mr. Knox Shaw.

The toast having been duly honoured,

Mr. ALAN CHAMBRE said: Mr. Chairman, ladies and gentlemen, it is at all times a most congenial task to be called upon to rise and return thanks, and more so when the thanks that you return are for others more than for yourself. The proposer of this toast has covered the ground upon many points which I should have liked to have touched upon so thoroughly and so eloquently and so charmingly that it leaves but very little for me to say. We are here assembled to-night to celebrate a perfectly unique occasion in the history of the London Homœopathic Hospital—that is, its jubilee. This is an epoch of jubilees and anniversaries more than any I can recollect from my earliest days. It is not so very long ago that the nation celebrated the Diamond Jubilee of her most Gracious Majesty the Queen. The nation then universally took part in that celebration. I wish I was able to say the nation generally was taking part in the jubilee we are celebrating to-night, and I would like to endorse the words of our chairman that the ladies present will do their best to bring about that result by seeing that all the children right and left, north, south, east and west are placed under the homœopathic treatment; and then the day will come when we shall be able to say that the nation celebrates the founding of the Homœopathic Hospital. (Cheers.) Now our chairman was somewhat diffident in suggesting the possibility of his being present at the next jubilee. Personally I hope he will be here fifty years hence, but if not, let us not forget that there will be the diamond jubilee of the Homœopathic Hospital, and I hope and trust that all those present to-night, as well as those who through sickness and other things have not been able to be present—and we deeply regret their absence, including our noble treasurer—will be able to be present to celebrate the diamond jubilee of the London Homœopathic Hospital. (Applause.) Of course I could say a great deal which would trench on what my excellent friend Mr. Knox Shaw will have

to say with regard to the staff, and I refrain ; but I must say this : The present wonderful position of the London Homœopathic Hospital against all sorts of difficulties and opposition is due of course in a primary measure, as was suggested by the proposer of the toast, to noble subscribers in the past and noble subscribers in the present, to the admirable and zealous and highly-trained work of the medical men who have carried out the system brought forward by Hahnemann : but of course—and I speak on behalf of the Board of Management—something is due to the Board of Management for the manner in which they have conducted the affairs generally, as leading to a great extent to the present success. (Applause.) I am perfectly confident that, as in the past the members of the Board of Management and the Medical Staff have worked for the prosperity of the London Homœopathic Hospital and the homœopathic system, so in future will they add to the ever-increasing prosperity not only of the Hospital but of the noble system which it illustrates splendidly for the benefit of all the inhabitants of this great kingdom. I thank you all, ladies and gentlemen ; and I thank the proposer for the terms in which he has so eloquently proposed the toast, and I thank you all for the cordial way in which you have responded to it, and I now leave the rest of the toast to be spoken to by Mr. Knox Shaw.

Mr. KNOX SHAW : Mr. Stilwell, ladies and gentlemen,—When I heard the remarks of Mr. Sydney Gedge with regard to our Secretary-Superintendent, I felt that he said a great deal which was true. I shall always look upon Mr. Cross as an extremely resourceful and original man. For instance, this dinner is an evidence of his powers of organisation. I also look upon Mr. Cross as a man of great knowledge ; but I think if he had asked me to give him a hint about this dinner I should have given him one or two which would have been valuable. How much better it would have been if Mr. Cross had arranged that Mr. Chambre should have responded for the Medical Staff—(laughter)—and that I should have responded for the Board of Management. (Laughter.) I know that Mr. Chambre is a man of extreme modesty, and he could not properly respond to the eulogiums passed upon the Board by Mr. Sydney Gedge. He could not say, “Ladies and gentlemen, Mr. Gedge is perfectly right ; we are an excellent Board of Management ; we do the work most satisfactorily.” (Laughter.) He could not say that, and how much better it would have been if Mr. Cross had arranged it so that I could have said it for him. (Laughter.) I feel this all the more because when I was thinking of how I was to respond to the toast I felt that I could not say half

what I should like to say on behalf of the staff. But then a happy thought struck me. I find that I am only one twenty-fifth of the whole staff, and one twenty-fifth of the whole may say a great deal more than the whole may say, especially as someone has given a black sketch of me here which implies that I am advancing in years and getting into the sere and yellow. (Laughter.) That shows that my part of the staff work is extremely small, so that I may speak with greater confidence and without fear of egotism on behalf of the staff. The staff are extremely proud of the hospital. We find that owing to the extreme generosity of the public and the admirable management of the Board of Management we are able to work in an extremely good hospital. Now I have been watching for the past twelve years the growth of the hospital, and if anybody had visited the hospital twelve years ago and visited it now they must see the change—a change which I am proud to say is acknowledged by others outside the hospital to be to its immense improvement. (Applause.) I have it on very good report that an extremely good hospital authority a short time since said, “As you are not a medical man, and therefore not likely to be prejudiced, I should advise you, if you want to see the best hospital in London, to go to the London Homoeopathic Hospital.” (Applause.) Now Mr. Gedge has drawn a very delightful picture of the patients of the hospital. You know it always distresses me very much because the sympathies of the outside public are always with the patient and not with the doctors at all. You hear that Sarah Jane has gone into the hospital to be operated on, and all the sympathies are extended to Sarah Jane and no one thinks of the doctors. I think the doctor is much to be pitied. With the vast responsibility of a life in his hands he feels great anxiety, and he feels very keenly the position he is in, and therefore I think that some of the sympathy which is extended to the patient should be extended to the staff. Owing to the kindness of the subscribers and the goodness and wisdom of the Board of Management, we are able to see and able to carry on a work in the hospital of which we are proud, and I feel we can invite anyone to come to the hospital and see our work there.

Mr. G. A. Cross (Secretary-Superintendent) next read the list of subscriptions, which amounted to £7,096.

Dr. GALLEY BLACKLEY: I have to propose “The Ladies.” (Applause.) I was first of all considerably flurried by being entrusted with this toast; secondly my feelings were those of responsibility attaching to the toast; and lastly my feelings were those of despair after hearing the speeches of Mr. Sydney Gedge and Mr. Alan Chambre because they have



taken away everything I intended to say. (Laughter.) I must warn you that to do full justice to the toast I shall require a very long time—at least three-quarters of an hour. (Laughter.) I see that there are still one or two items on the programme, and, if you do not mind, I will do the best I can under the circumstances. I believe there was a very enthusiastic advocate of woman's rights who said the genus *homo* might be reasonably divided, judging from his experience, into one of two heads—the fair sex and the unfair sex. (Laughter.) Well, on behalf of the gentlemen here, I do most energetically repel the insinuation. (Laughter.) As far as the London Homœopathic Hospital is concerned I think the insinuation is very wide of the mark. In this particular respect, as in many others, the London Homœopathic Hospital has been for a very long time in the van, and I think we were one of the very first institutions to make it a practice to invite ladies to these festive gatherings. Thus, as far as we are concerned, this insinuation is reversed, and to show that feeling is fully reciprocated by the fair sex I have only to ask you to look round the room. I call on the gentlemen present to drink to the health of the ladies—may God bless them. (Applause.)

Mr. J. GALLOWAY WEIR, M.P.: In this advancing age I quite expected that a lady would have been called upon to respond to this toast. We have ladies on boards of guardians and on school boards, and the other day in the House of Commons it was carried that ladies should be elected as councillors and aldermen. Whether that will pass the House of Lords remains to be seen. (Laughter.) I sincerely hope it may be. On behalf of the ladies I beg to thank you most sincerely for the way in which you have drunk their health, and I think the London Homœopathic Hospital is to be congratulated on having such a large number of ladies interested in it. I have sat between two energetic ladies, and I suppose that they are fair specimens of the ladies who work for the hospital. (Laughter.) On behalf of the ladies I beg to thank you.

Dr. DUDGEON: Ladies and gentlemen—The toast which I have the honour to submit to you is that of our Chairman. We all regret the absence of Earl Cawdor, but we could not have had a better substitute than Mr. Stilwell. (Applause.) He is an old friend of the hospital, and has shown by his speeches that he is thoroughly acquainted with all the work of the hospital, and with all the operations of the noble institution which has been raised by so many liberal friends. Mr. Stilwell, in proposing the Queen, observed that he did not recollect the accession of Her Majesty. I recollect the accession

of William IV., and I was only two months behind the accession of George IV. I was born in the same year that George III. died, so by virtue of my antiquity I suppose Mr. Cross asked me to make a speech in place of Dr. Burford. Well, you have heard how well acquainted Mr. Stilwell is with the hospital, and I can testify from my own experience that I do not know of any function at the hospital at which Mr. Stilwell is not present. In fact his enthusiasm for homœopathy is so great that lately I met him at the Homœopathic Congress at Leicester. At this period of the evening you will not expect me to make a long speech, so I will conclude my remarks by asking you to drink with enthusiasm the health of our Chairman, and to thank him for his constant labours in the cause of homœopathy, and for the courteous manner in which he has presided at this table to-night. (Applause.)

The CHAIRMAN: Ladies and gentlemen—I rise to return thanks for the kind way in which Dr. Dudgeon has proposed my health. My heart and soul are with the hospital. I am glad to have had the opportunity of being with you this evening and of advocating its cause, and I thank you all for the way in which you have responded to the call for help. Dr. Dudgeon has alluded to my presence at Leicester. I was not present at the discussion which took place on medical matters, but I took part in a very pleasant evening with those who had assembled in Congress. We have all enjoyed the music which Mr. Raphaël Roche and his friends have given us. (Applause.) We are much indebted to them for the kind way in which they have charmed us by their art, and I propose, before we separate, the toast of Mr. Raphaël Roche and his musical friends.

The toast having been duly honoured, the company separated.

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## NOTABILIA.

### HAHNEMANN HOSPITAL, LIVERPOOL.

THE following syllabus of lectures upon tropical diseases has been issued by the Committee and Medical Board of the Liverpool Hahnemann Hospital:—

1. Tropical diseases and their prevention—malarial fevers.
2. Malarial fevers and their treatment—regular fevers.
3. Irregular tropical fevers and their treatment.
4. Yellow fever; plague; cholera; dengue; tropical typhoid. Typho-malarial fever.

5. Malarial cachexia; tropical anæmia; tropical spleen; tropical liver; liver abscess. Indigestion; biliousness; vomiting; constipation; diarrhœa; dysentery; sprue.

6. Catarrh; bronchitis; pneumonia; pleurisy; beriberi; negro lethargy; sunstroke; prickly heat.

Full particulars may be obtained on application to the secretary of the hospital.

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### PLUMBISM AND APPENDICITIS.

*The Lancet* (July 15, 1899) gives an interesting account of a paper by Dr. Le Gendre, read before the Société Médicale des Hôpitaux. "A painter, the subject of chronic plumbism, was seized with acute abdominal pains which he recognised as lead colic and which were accompanied by symptoms so typical that his medical attendant had no doubt as to the diagnosis. The patient died from subacute appendicitis without any apparent signs of general peritonitis. At the necropsy a gangrenous appendix perforated in two places was found." This case led to the diagnosis of another, also admitted as one of lead colic. Hypertrophic follicular appendicitis was found on operation. Furthermore, a case is cited by Dr. Le Gendre in which obvious appendicitis occurred in a patient who had previously been in hospital with lead colic. The *Lancet* suggests that this connection between plumbism and appendicitis argues that the lead predisposes the appendix to infection. Dr. Haig has found that iron and lead have insoluble urates, and that their salts diminish the excretion of uric acid; also that the salicylates act beneficially in non-suppurative appendicitis; facts which carry the explanation a step further. In any case the association of plumbism with appendicitis may suggest a search for other plumbum symptoms in cases of this now common disease.

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### POISONING BY GELSEMIUM.

THE following account of an involuntary poisoning of gelsemium is given in *The Lancet* of June 17th by Mr. J. H. Nankivell:—

"The following notes ought to be of interest to the medical profession generally and to toxicologists particularly, because accounts of poisoning by gelsemium are rare.

"I took two ounces of the tincture of gelsemium instead of a glass of sherry and returning to the dining-room awaited the result. It was not long forthcoming. (We all live on the ground-floor here.) The few feet travelled to the dispensary found me only too ready to accept the receipt of a helping arm and in another minute the legs were paralysed; dragging myself to the bedside with my fore-limbs, they were

unable to help me into the bed, into which I was lifted. There was no trouble so long as I lay quiet, but on the least exertion there were excessive tremors. Vomiting occurred during the next 24 hours. The temperature rose to 101.5° F. The heart's action was very violent and intermittent, possibly the aggravation of existing disease.

"All the muscles of the eyes must have been affected, but of all the voluntary muscles those of the right side suffered most. Prolonged conversation involved paralysis of the upper lip. The other symptoms were (1) somnolence; (2) no mental excitement; and (3) good appetite. The effect of the drug passed away as it began, from below upwards, but after the arms had recovered, vision was not perfect for 24 hours. If this accident had been due to any carelessness of mine I should not have been so ready to give you an account of the effects of *gelsemium sempervirens*."

Twenty poisonings are recorded in the *Cyclopædia of Drug Pathogenesis*, but they leave the power of *gelsemium* to cause fever a matter of justifiable inference. Mr. Nankivell's thermometer gives a definite and scientific statement. This is a fair example of the need which exists all through our *materia medica* for re-proving and the verification of objective symptoms.

#### PRIMULA OBCONICA.

DR. KIRK, of Glasgow, reverts in the *Lancet*, June 17, to the action of this plant upon the myxœdematous. Experiments upon himself by rubbing the leaf upon the inner aspect of the fore-arm by means of a flat bottle containing hot water, with a view to breaking up the glandular hairs, which are supposed to harbour the irritant, gave negative results; so did the friction of the leaf upon several patients. A myxœdematous patient, however, who had previously suffered from stomatitis and acute eczema of the skin (see *Lancet*, March 4) from cultivating the primula, readily induced upon her arm redness and inflammation, followed by a crop of vesicles, which showed a tendency to coalesce. Puncture of these vesicles allowed a thin fluent serum to escape. There was great irritation, relieved by the use of very hot water, and the vesicated regions ulcerated, and continued to discharge for more than a week, at the end of which time they were covered by a pale brown epidermis with silvery streaks of whitened scales.

Persevering in his experiments upon himself, by means of superficial scarification, rubbing in the flowers and strapping them on for a night, Dr. Kirk developed redness and

irritation, followed by the appearance of vesicles, which contained scanty, yellowish, viscid, and easily coagulated serum. A red areola, at first punctate, but later continuous, appeared; this spread for nine or ten days, and was "always itchy, especially at night." Thyroid extract locally applied relieved the irritation. Further, ten days after applying a leaf to the skin of the abdomen, Dr. Kirk developed tenderness, itching, and redness in the neighbourhood, which lasted some days. He believes that the poison is not chemical in its nature, but opines that the effects are due to germs or micro-organisms derived from the plant.

Two gardeners who are subject to the action of primula obconica are of somewhat bulky and flabby build, and there is a family history in the myxœdematous patient, suggestive of heredity. Dr. Kirk suggests that primula may be useful in the diagnosis of constitutional conditions. It may well be that the predisposition of the myxœdematous to the effects of primula poisoning will guide us in time to its therapeutic usefulness.

#### HAHNEMANN TOMB FUND.

DR. HUGHES desires to acknowledge the following subscriptions to the above fund :—

Amount already announced	...	...	£25	12	0
Dr. Powell (the late)	...	...	1	1	0
Dr. Burwood	...	...	2	2	0
Ralph Callard, Esq. (per above)	...	...	1	0	0
Dr. and Mrs. Süß-Hahnemann	...	...	5	5	0
Dr. P. Stuart	...	...	5	5	0
Dr. McLachlan	...	...	1	1	0
Dr. Vincent Green	...	...	0	10	0
Dr. Edward Blake	...	...	1	0	0
Dr. Murray Moore	...	...	1	1	0
Dr. Bryce	...	...	1	0	0
Dr. Hayle	...	...	2	2	0
Dr. Mason	...	...	0	10	6
Dr. Roberts (Dublin)	...	...	1	1	0
Dr. Harper	...	...	1	1	0
Dr. Bennett	...	...	1	1	0
Dr. Black	...	...	1	1	0
Dr. Searson	...	...	0	10	0
Dr. Waugh (Brisbane)	...	...	2	0	0
Dr. J. D. Hayward	...	...	0	10	6
Dr. Blackley, senr.	...	...	1	1	0
			£55	15	0

**WIRRAL HOMŒOPATHIC DISPENSARY.**

WE have received the twenty-third annual report of this institution, which does useful work in Birkenhead. Attendances, amounting to 6,151 as against 4,668 in the preceding year, give evidence that the Dispensary fills a want, and meets with growing appreciation.

**OBITUARY.****ISRAEL TISDALE TALBOT, M.D.**

IN our last number we announced, with deep regret, the sudden death of our energetic colleague, Dr. Talbot, of Boston. His loss to the propagation and development of our therapeutic reform is greater than we can find words adequately to express. To all connected with the Boston University, and especially to those constituting its Faculty of Medicine, whose Dean he had been from the commencement of its institution, the news of his death on Sunday evening, the 2nd of July, came as a great shock, producing a feeling of grief and a sense of very real deprivation amongst all who had for so long been associated with him in carrying out the work of the University and of the Boston Homœopathic Hospital. During the last few years, Dr. Talbot, like many others whose lives, having extended over nearly seventy years, had been characterised from youth upwards by ceaseless activity and untiring energy, has given indications that arterial degeneration was in progress, against which he struggled to fulfil the public duties he had undertaken with all his old-time energy, and during his last few hours had been arranging how his work on the morrow should proceed, when, lying down on the floor to rest, all was still, "not even a breath dividing the line between Here and There."

ISRAEL TISDALE TALBOT was born in the town of Sharon, in the State of Maine, on the 29th of October, 1829. When 18 years of age he went to Baltimore and there opened a private school, and in this way provided himself with the means to continue his own studies. After a short course at the Worcester Academy he entered the Harvard Medical School. He passed one winter in Philadelphia, and was graduated from the Hahnemann Medical College in 1853, and from the Harvard Medical School in 1854. From 1854 to 1858 he continued his medical studies in Europe. Settling in Boston he soon established a practice, which, in no long time, became a very extensive one. As a consultant he rapidly became in request, his extreme courtesy being greatly appreciated by his colleagues. And further, as Dr. Conrad Wesselhoef said, "In

the old days when a surgeon was needed, it was Dr. Talbot on whom we could rely always. His skill, resources and energy often led us out of difficulties." Notwithstanding the multiplicity of his private professional engagements, it was Dr. Talbot's devotion to the public work connected with the promotion and extension of a knowledge of homœopathy that so greatly distinguished him. In 1865 Dr. Talbot founded, and for ten or twelve years edited, the *New England Medical Gazette*, now under the direction of Dr. Coffin.

It was soon after his settling in Boston that he with others organised the Homœopathic Medical Dispensary, in aid of which a bazaar or fair was held in the city at which \$14,000 were realised. This sum was placed at interest, and in 1871 had sufficiently accumulated to enable the trustees to purchase a building capable of being adapted to the purposes of both a hospital and a dispensary. The Ladies' Aid Association fitted up the hospital at a cost of \$2,000, and in many other ways contributed to its funds. When all the preliminary expenses had been met, a balance of \$13,000 remaining as the nucleus of a permanent fund, with which, together with further subscriptions, the promoters hoped to remove in due time to more spacious quarters, a hope which was fully realised a few years later—a realisation in which the non-homœopathic physicians of the city as materially as unintentionally assisted them!

During the latter part of this year (1871) The Massachusetts Medical Society, a body of physicians and surgeons existing under a charter, granted by acts of the Legislature, rendering all legally authorised practising physicians and surgeons entitled to membership and conferring upon them by virtue of such membership all the rights and privileges attaching to members of the medical profession in the State of Massachusetts, called upon the homœopathic members of the Society to resign their membership, giving them three months in which to do so, threatening them with expulsion in case of refusal.

The 21st November, the day for receiving the resignation, arrived, and Dr. Talbot, Dr. Gregg, Dr. Fuller, Dr. Russell, Dr. Thayer, Dr. Bushnell and Dr. Hoffendahl appeared, Dr. Talbot reading a protest against the proceedings. Considerable excitement was occasioned by the proceedings, many of the citizens of Boston and members of the Press were in waiting outside, and a running fire was kept up amongst them as to the merits of the case. "I tell you what" said one very well-known doctor of Boston, "the fact is, homœopathy is bound to succeed, and they know it, and that is why they are trying to stop it. I guess they'll find the more they try to do it the more they won't do it."

"What do you think will be the result of this investigation?" said a reporter of the *Boston Post*. "It won't amount to a tinker's malediction" was the reply. Then entered the Deputy Sheriff and served an injunction upon each member of the Board of Investigation, which had been granted by the judges of the Supreme Court, forbidding the expulsion of the accused by the Society, and the matter was referred to be decided by the Supreme Court. In due course the matter came before the court, and after a long acrimonious discussion was decided in favour of the Society, and the names of all homœopaths were removed from its roll of members.

These proceedings, in which the defence was mainly if not entirely organised and conducted by Dr. Talbot, were productive of the most important results. One of the leading non-homœopathic members of the profession in Boston must have foreseen somewhat of the results; when commenting on the whole affair he said:—"They offered to the expelled irregulars the privilege of resigning from the Society, which, when asked for in years past, they had denied, and the offenders laughed at them. They threatened renewed expulsion if they did not resign, and the offenders laughed still more. They summoned them then individually and by name before a board of trial, and when met for the purpose of trying them, were themselves served with a legal injunction, and cited by the Sheriff to themselves appear in court. And where was the laugh again? Themselves held up to popular derision, ridiculed in the newspapers, cursed by their own associates, and one of their leaders rendered severely ill from mere chagrin—was there ever a more pitiable set of beggars than are at present the board of counsellors of the Massachusetts Medical Society? Deliberately stirring up a hornet's nest, they as deliberately sat down thereon, and there they are sitting still." He further bemoaned the fact that this action had "aroused popular sympathy with the irregulars to such an extent as to have diverted, during the past year, some hundred thousand dollars or more of fees from the pockets of orthodox fellows."

The reply to these proceedings came promptly from Dr. Talbot and his friends, and took the form of a bazaar or fair in aid of the funds of the homœopathic hospital; it remained open for a fortnight and furnished nearly a hundred thousand dollars for the benefit of the institution.

In 1869 the Boston University had been incorporated; The Faculty of Arts, Law and Divinity had been filled, while that of Medicine had not yet been contemplated; the medical school in connection with Harvard University was too thoroughly established and, as it was supposed, too efficiently officered to



leave any scope for a rival. This view, however, was not one taken by Dr. Talbot, and accordingly a meeting of homœopathic physicians of Boston and the vicinity met on the 19th of February, 1878, to consider a proposition for the establishment of a medical department in Boston University under the care of homœopaths. On the 18th of March following, a society was formed styled The Homœopathic Association of Boston University, having as its object, "To aid in founding and supporting a homœopathic medical school for the education of men and women in the medical department of the Boston University." This proposal was, as all know, fully and most successfully carried out. Dr. Talbot was appointed to the Professorship of Surgery and elected as Dean of the Faculty, an election which took place every succeeding year.

In recording on their minutes their sense of Dr. Talbot's work for the University, the Executive Committee of the institution expressed themselves in the following terms:—

"Unfortunately for the organic unity and harmony of the profession in this Commonwealth, a great controversy arose in the Massachusetts Medical Society over the toleration or non-toleration of the ideas and practices known as homœopathic. On the one side, good and great men asserted that these ideas and practices, if left to the scientific and practical testing of each individual member of the Society, could live no longer than they might show themselves deserving to live. On the other hand, others no less conscientious, though less hospitable to new ideas, contended that the new doctrines and practices were so at variance with well-ascertained results of experience, and so adapted to give those who accepted them a partisan attitude, an animus over against those who did not, that mutual fellowship in one and the same medical body was out of the question. After a long and acrimonious controversy, the champions of the latter view were found to out-number their opponents, and by means of an exciting legal process the minority, including Dr. Talbot, were ejected from the Society, and deprived of what they considered most manifest personal and professional rights under the State-given charter of the body and the existing laws of the Commonwealth.

"If any supposed that this would be the end of the new movement, they were not a little mistaken. It was rather the beginning. For the first time in Massachusetts a strong body of educated and experienced physicians, closely knit in sympathy, found themselves in unsought isolation from former colleagues, and standing by themselves as representatives of homœopathic principles. They also had behind

them a strong and sympathetic *clientèle*, including many of the wealthiest and most intelligent families in Boston and its vicinity. In the eyes of this *clientèle* the new association stood for fairness in professional intercourse and for freedom of scientific inquiry. In Dr. Talbot, more than in any other, the movement found a leader of immense executive ability. Charters were procured for a medical school, a dispensary, and a hospital, to be organised and conducted according to the new and freer spirit. Before the first was accepted and organisation begun, it was found that a majority of the trustees of the financially embarrassed New England Female Medical College belonged to a *clientèle* of the expelled physicians, and that the same was true of the founders and organisers of the just-chartered Boston University. Furthermore, in the governing boards of these two institutions even those members who employed as physicians men of the lately victorious party believed that if there was to be a new medical school in Boston it would be decidedly in the public interest to have it under the government, not of a body of associated physicians, but rather of a non-partisan university corporation, and subject to the broad, humanistic influences and scientific spirit of a metropolitan university. As a result of negotiations, the Legislature made over to Boston University the oldest woman's medical college in America for reorganisation upon a coeducational basis and for conduct as a medical department. On their part, the trustees of the University expressly reserved to themselves the right to establish any other medical departments that might at any time appear expedient; and, as a further illustration of their entire catholicity in the matter, adopted statutes that opened the way for students trained in the department to be promoted to the doctor's degree under old-school or new-school auspices, as they might prefer. From the beginning, in 1878, until the date of his death, the annually elected dean of the school was Dr. Talbot."

How thoroughly, earnestly and successfully Dr. Talbot worked for the prosperity and efficiency of these two institutions until the day of his death, all acquainted with their history know full well. How deeply all connected with them mourn his loss has been testified to in various ways. Three days after his death, a meeting of the Faculty was held, with the President of the University, Winslow F. Warren, LL.D., in the chair. In opening the meeting, Dr. Warren called upon Dr. Sutherland, the Registrar of the Medical School, who spoke as follows:—

"Fellow Members of the Faculty of Boston University School of Medicine—It is, I am sure, with sorrow in our

hearts that we are gathered to-day. Another example of the uncertainty of human life and its inevitable cessation is brought vividly before us by the sudden removal from our midst of one whom we have grown accustomed to look upon as essential to the welfare of our school; of one whose many good qualities, whose excellent judgment, whose foresight, whose tact, whose energy and fearlessness made him a veritable tower of strength in our midst, our Dean, Dr. I. Tisdale Talbot. It is impossible for us yet to realise our loss, to measure the magnitude of our deprivation.

"Personally, I find it almost inconceivable that death has claimed Dr. Talbot, and that we are to have him with us in the future only as a memory, present with us only in the results of his arduous labours. I can attempt no eulogy, no analysis of his character, no estimate of his accomplished work, no biographical sketch. These things are for another time and place. We have met to take such action as may seem appropriate to the occasion which calls us together."

Among the resolutions passed on this melancholy occasion were the following:—

"Resolved, That we, the Faculty of Boston University School of Medicine, do hereby desire to record our conviction that in the death of Dr. Talbot the school loses the man to whom, under Providence, it owes its being; the man to whose keen insight, strenuous grasp of affairs, untiring energy and marvellous executive ability it owes, in a great measure, alike its foundation and its safe guidance through the difficulties of the early years of its existence.

"Resolved, That in the death of Dr. Talbot the Faculty of Boston University School of Medicine loses a leader to whose wise counsels, able direction and friendly encouragement the Faculty owes incalculable help and inspiration in its work during the entire period of the school's life.

"Resolved, That it is the desire and purpose of the Faculty of Boston University School of Medicine that the name of Dr. Talbot be ever kept in living and hearty remembrance in the traditions of the school, and in the memory of its Faculty and its students; and that his work and influence as Founder and as Dean shall remain a cherished heritage.

"Resolved, That a copy of these resolutions be presented to the family of Dr. Talbot with the assurance of the sincere sympathy of the Faculty of Boston University School of Medicine in their bereavement. N. Emmons Paine, Horace Packard, John L. Coffin, Frank C. Richardson, committee on resolutions.

"It was later voted that a committee be appointed to arrange for a memorial service in the autumn, when the late doctor's friends shall have returned to town."

Of all the institutions in the United States that have been organised to safeguard the interests and promote an extension of the knowledge of homœopathy not one is more indebted to Dr. Talbot for its success, for the large measure of usefulness it has achieved, or the importance of its varied operations during the last forty-five years than is the American Institute of Homœopathy. Elected a member of it during the year of his graduation in Philadelphia he has rarely, if ever, missed attending its annual meeting—save when in Europe—during the whole of these forty-six years. He early saw that the Institute might be made a powerful engine for the development of homœopathy in many directions. The members soon discovered in Dr. Talbot one whose ability, the soundness of whose judgment, the geniality of whose nature, marked him out as above all things a leader. Speaking of him as such at one of the memorial meetings, Dr. Alonzo Boothby said:—

“In this day of bosses, when so many, especially in the political world, are striving to be boss, it is pleasant to look at the life of Dr. Talbot as a leader. I have seen him for the past 30 years almost daily, and yet in all that time, while he was the unquestioned leader, he never had the idea in his heart that he was a leader. It was his desire to accomplish objects through his associates and by their help.”

He served the office of Provisional Secretary of the Institute in 1859, that of Vice-President in 1865, during the following five years he was the General Secretary, and at the meeting held in Washington in 1872 Dr. Talbot was the President. The last meeting of the Institute was held at Atlantic City a fortnight before his death. He was present as usual, and took the chair at the annual meeting of the Inter-Collegiate Committee, originated by himself some years ago, and a Committee through which the Institute has done a great deal of useful work in raising the standard of education in the Homœopathic Medical Colleges of the States, and in other ways entered into the work of the Institute with all his accustomed vigour and earnestness, appearing in better health than he had done for months past.

Dr. Fisher, of Chicago, in a descriptive account of this meeting in his journal, *The Medical Century*, for July, when referring to the arrivals of some of the seniors before the opening of the proceedings, writes:—

“There are volumes of ancient history about the corridors already, some of it magnificent history. Dr. Talbot is reclining on a sofa in the capacious corridor of the Dennis. While not the former Dr. Talbot, his friends yet rejoice in the fact that his faculties are remarkably well-preserved and that in a few things connected with Institute affairs he still

evinces the greatest interest and shows his old-time wisdom and ability to counsel and direct. Mrs. Talbot, ever watchful of the venerable leader's health and comfort, sits beside him in the full vigour of womanly strength, herself an Institute attendant for many, many years. Conflicting emotions arise as the past, present and near future are contemplated in relation to Dean Talbot's Institute work. His labours are almost done, his career almost closed. That it has been a useful career, his work a glorious one, his successes standing away beyond and above those of any leader homœopathy in America has ever had, cannot be successfully denied. His presence among us this year at Atlantic City, where he presided over the International Congress of 1891 with such remarkable ability, even though he seems not able to take any great part in the proceedings, is especially gratifying. And the hope springs up within our breasts that he may be spared to attend many more of our annual gatherings, as we recall the giant strength with which he grappled with our difficult problems, the Websterian wisdom by which he solved many a perplexing question, the rare executive ability with which he guided all measures of which he was the father and many others he adopted as deserving of his acceptance and support. It will be a long, long time before the Institute will develop another Israel Tisdale Talbot."

In all meetings of the type of the Institute Dr. Talbot ever felt the greatest interest. He attended the British Homœopathic Congress at Manchester in 1875 with the late Dr. Ludlam, when he delivered an address on the proposed International Congress for 1876, and took part in the discussion on Dr. Sharp's paper, *On a Scientific Principle for Toxicology*; again, in 1881, he was with us at the International Congress held that year in London, when he was one of the Vice-Presidents; while at that held in Atlantic City in 1891 he was the President. He was an honorary member of twelve State medical societies in the United States, of the British Homœopathic Society, and of similar societies in France and Germany.

In 1888 Dr. Talbot, as spokesman for the Massachusetts State Homœopathic Medical Society, presented a petition to the Executive Committee of the two Houses of the State Legislature requesting the appropriation of £40,000 of the State Funds to the erection and maintenance of a State Lunatic Asylum, to be under the control of homœopathic practitioners. The result of this appeal was the establishment of the Insane Asylum at Westborough, entirely under the control and direction of homœopathic physicians; and one of the most successful asylums it has proved to be. Of the

board of management, Dr. Talbot was the chairman and a most active and influential member. A few days after his death the consulting board of this institution entered the following resolution upon their minutes:—

“We, the members of the consulting board of the Westborough Insane Hospital, shocked and profoundly saddened by the sudden loss of our honoured Chairman, Dr. I. Tisdale Talbot, desire to express our grief and our sense of personal bereavement on the sundering of the close ties which have so long united us as men, as physicians, and as workers upon this board, as well as our keen realisation of the loss to this institution of his wise counsels, his ever active interest, and his ripened experience.

“We desire, also, to tender to her who laboured with him for the welfare of this hospital, as in many other fields of usefulness, and to the other members of his family, our sincere and heartfelt sympathy.

“HOWARD P. BELLOWS,

“CHARLES L. NICHOLS,

“JOHN PRENTICE RAND,

“For the Board.”

In 1890 we received from Dr. Talbot a deeply interesting account of the progress of homœopathy in Boston (*Monthly Homœopathic Review*, vol. xxxiv., p. 500), in which, after alluding to the obstacles with which he and those associated with him had had to contend, he summed up the results they had achieved in the following words:—“But in spite of all the obstacles there are thinking people in Boston; homœopathy was, therefore, bound to make headway, and though in its earlier years it had a hard struggle, still the very fight in 1872, when the force of the great Massachusetts Medical Society was devoted to crushing out the whole horde of believers in that despicable delusion by denouncing any physician who should practise it as guilty of conduct unworthy of and unbecoming to an honourable physician, and then expelling him in everlasting disgrace; the weapon proved a boomerang, and while it sailed closely to our own heads struck finally upon their own. It gave us the sympathy and aid of the whole community; it started our hospital by a fair which yielded \$80,000; it increased the work of our dispensary tenfold; it developed our medical school in connection with the Boston University; and in the eighteen years which have since elapsed our progress has been steady, and in a high degree satisfactory. Relying entirely upon our own resources we have meanwhile sought no aid from city or state. Our dispensary has cared for two hundred thousand people; our hospital has treated between four and five thousand cases; and our medical

school has graduated over five hundred physicians, the great majority of whom are successful exponents of this method of practice.

"So much for the stamping-out process. They have made life a struggle for us, but they have also made life worth the struggle."

Then, as showing the completeness of their success, he goes on to describe how, needing a new building for the homoeopathic dispensary, they felt that they had acquired a claim upon the city for assistance, and accordingly they asked the city fathers for a site valued at about \$22,500. For the first time in the history of the city, the land was given outright to a private charity! They then went to the State Legislature and, showing the work which the hospital, all unaided, had accomplished for the State of Massachusetts during the last eighteen years, asked the State to help in enlarging the hospital buildings and giving them the opportunity of extending their work. A Bill, granting them no less than \$120,000, was then passed by the House of Representatives unanimously, and in the Senate the opposition was so small that it passed "without count," and was duly approved by the Governor of the State. As showing the influence the work done had exercised over the minds of non-homoeopathic physicians, it is worth remembering that one of them, a member of the State Medical Society and a member of the Committee of the House on Public Charities, requested the honour of presenting the Bill to and defending it before the House.

The last effort of Talbot, in promoting the welfare of the institution which has grown up in Boston under his direction and influence, was the formation of the New England Hahnemann Association, in which members of the profession united with those outside its pale to support the Boston University School of Medicine and the several institutions connected with its work and essential to its growth. A report of the first meeting appears at page 155 of the 39th volume of our *Review*.

And now the health and vigour of our greatly valued friend began to show signs of waning. The first intimation we had of any decay was in a letter explaining his inability to endure the strain necessarily involved in the fatigue and excitement of attending the International Congress of 1896, a gathering at which he had long anticipated the pleasure of being present. And we well remember the gratification he expressed in letters to some of his English brethren at the kind and generous manner in which his name was received at the dinner, with which the Congress closed, when reference was made to the grand work he had accomplished by

Dr. Walter W. Wesselhoeft and the President, and especially by the hearty and enthusiastic manner in which the toast of his health, proposed by Dr. McClelland, was responded to. (*Monthly Homœopathic Review*, vol. xl., p. 580.) With the hope of obtaining a renewal of strength, he left Boston during the autumn of 1896, and spent the winter, spring and early summer in Algiers, Switzerland, and at Bad Nauheim, his wife, son-in-law and daughter being with him. He was greatly reinvigorated by the complete rest and freedom from all care and anxiety, and returned to Boston in November, 1897. He did not again resume the practice of his profession. The trustees of the hospital, having in the meantime come to the conclusion that the increase in the property of their institution and the consequent development in its activities rendered it necessary that the immediate care and management of it should be entrusted to an officer to be called the Director of the Massachusetts Homœopathic Hospital, and availing themselves of Dr. Talbot's retirement from all active practice, unanimously appointed him as the first incumbent of this office. In the work of his directorship he continued actively engaged up to the hour of his death.

Dr. and Mrs. Talbot had removed from Boston to their seaside cottage on Wednesday, the 28th of June; on Sunday, the 2nd of July, Dr. Talbot had been unusually well. He spent the day with Mrs. Talbot reading and talking over matters of interest in connection with the school, in the hospital and the sick in its wards, the scenery surrounding the house they had taken for their summer residence, and so on, when, on returning to the house after a short walk down to the sea, he lay down resting on the floor and passed away instantly and painlessly.

From this brief account of a career of strenuous and uninterrupted effort during fifty years our readers will be able to obtain some idea of the serious bereavement the city of Boston has sustained by the death of Dr. Talbot. He was a man of rare qualities consecrated to doing the greatest amount of good to others within the range of his opportunities, sustained by an amount of energy and determination seldom met with, and directed by a faculty for organisation of the highest type—his entire life revealing a man of generous impulses, full of sympathy with suffering, and ever "rejoicing with them that do rejoice." Looked at from every point of view "it will," as Dr. Fisher remarked in the quotation that we have made from the *Medical Century*, "be a long, long time before the Institute develops another Israel Tisdale Talbot."

Most happy was Talbot in his domestic environment. A devoted wife warmly sympathising with and helping him in



all his projects of public usefulness, two sons, the elder of whom conducted his father's practice during his absence abroad, an active and useful lecturer in the medical school, the younger, just a month before his father's death, ordained to the priesthood by the Bishop of Massachusetts, but long enough for him to have been rejoiced by hearing of his great promise in his chosen work. Two daughters, the elder a graduate in Arts of the University of Boston, and for the last four or five years filling the office of Dean of Women in the University of Chicago with everincreasing appreciation, and the younger married to Dr. Jackson, of Boston, a young surgeon to whom Dr. Talbot was much attached. To the members of a family so united, so devoted to the head of it, the sudden loss of that head is too great and solemn to dwell upon. To each and all of them we tender our truest and deepest sympathy. That they are bearing their great loss with genuine Christian fortitude we are thoroughly assured. From a letter from Mrs. Talbot we venture to make the following quotation in illustration of this fact:—"For ourselves as a family," writes the distressed widow, "while plunged in grief, we are also deeply grateful for many mercies—for the gracious presence, for the joyous speech, for the honesty, purity, and nobility of character, for the high ideals, for the earnest and persistent purpose to uplift humanity, to leave the world a little better for having lived in it, for his sacrifice of self, for his gentle kindness to the poor, and for the privilege of having lived so many years in such close companionship with so rare a nature, and to have been able to minister to his needs to the latest moment of that precious life, and that its close was so swift and painless, as he had always desired."

The funeral of Dr. Talbot was held in Trinity Church, Boston, the service being conducted by the Rev. H. M. Torbert, of St. Stephen's Church, at which the Rev. Russell Talbot, Dr. Talbot's youngest son, is one of the assistant clergy, and he was buried at Mount Auburn. A delegation of medical men from different parts of the country was present. There were vocal selections by the regular choir of the church, as well as by the boys' choir of St. Stephen's. The following gentlemen acted as pall-bearers at the interment: Col. C. R. Codman, Col. H. S. Russell, Dr. E. M. Kellogg, Dr. William Tod Helmuth, Dr. Conrad Wesselhoeft, Hon. Alden Speare, James M. Bugbee and Winslow Warren. The ushers were Capt. Frank H. Delano, U.S.N., Talbot B. Aldrich, Amos Binney, Dr. J. E. Briggs, Dr. F. P. Batchelder, E. W. Colburn, E. T. Colburn, Dr. J. L. Coffin, Dr. George D. Rice, Dr. Horace Packard, Dr. N. Emmons Paine, Dr. W. F. Wesselhoeft and Winthrop Wetherbee.

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Communications have been received from **Dr. GIBBS-BLAKE** (Birmingham); **Mr. CROSS** (London); **Dr. ROBERSON DAY** (London); **Dr. DUDGEON** (London); **Dr. HAYWARD** (Birkenhead); **Dr. LAMB** (New Zealand); **Dr. SUTHERLAND** (Boston, U.S.A.).

## BOOKS RECEIVED.

*The Homœopathic World*, August. London.  
*The Chemist and Druggist*, August. London.  
*The Liverpool Mercury*, August 18.  
*The Tasmanian Homœopathic Journal*, June and July. Hobart.  
*The Medical Times*, August. New York.  
*The North American Journal of Homœopathy*, July. New York.  
*The Homœopathic Eye, Ear and Throat Journal*, August. New York.  
*The Medical Century*, August. New York.  
*The Homœopathic Recorder*, July. New York.  
*The Homœopathic Physician*, July. Philadelphia.  
*The Homœopathic Envoy*, August. Lancaster, Pa.  
*The New England Medical Gazette*, August. Boston, U.S.A.  
*The Clinique*, August. Chicago.  
*The Medical Era*, July. Chicago.  
*The American Medical Monthly*, August. Chicago.  
*The Hahnemannian Advocate*, Chicago.  
*The Medical Brief*, August. St. Louis.  
*The Pacific Coast Journal of Homœopathy*, June. San Diego.  
*The Minneapolis Homœopathic Magazine*, July.  
*Revue Homœopathique Française*, July and August. Paris.  
*Le Mois Médico-Chirurgical*, June. Paris.  
*Allgemeine Homœopathische Zeitung*, July. Leipzig.  
*Archiv. für Homœopathie*, July. Dresden.  
*Homœopathisch Maandblad*, July. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to **Dr. D. DYCE BROWN**, 29, Seymour Street, Portman Square, W.; to **Dr. EDWIN A. NEATBY**, 178, Haverstock Hill, N.W.; or to **Dr. WILKINSON**, 8, Osborne Villas, Windsor. Advertisements and Business communications to be sent to **Messrs. E. GOULD & SON, Limited**, 59, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.



### OUR FRIENDS THE ENEMY.

IN all the addresses and lectures delivered at the present time on the advance in medicine and surgery during the Victorian era, we notice that, while the progress of surgery takes the leading rôle, a very back seat is consigned to medicine proper. Very little of any importance can be recorded, while any attempt to find a *law* in therapeutics seems to be given up as hopeless. The one law, namely that of similars, which affords any real clue to the action of medicines in disease, is by common consent ignored, although it has held its ground for a century, in spite of the most active and virulent boycotting that any scientific law has ever had opposed to it; and, as GALILEO said, "yet it moves," and moves steadily, though slowly, to the goal of universal adoption.

What an illustration we have of the hopeless feeling in the old school as to the finding of a law in therapeutics, in the giving up of pharmacology as a subject of examination, and consequently of study! Nothing could more convincingly prove to any outsider that the old school are on the wrong track in therapeutics, than, after the flourish of trumpets at the inauguration of the reign of pharmacology and of scientific medicine, after the

elaborate experiments on animals, and the elaborate work of Dr. LAUDER BRUNTON, to find that all this stir has subsided with a fizzle. The experiments, careful and elaborate as they were, have been found to be useless, and as we have said, pharmacology as a subject for study and examination has been abandoned. But why is all this mass of facts useless? There is only one answer, namely, that the old school cannot see, or will not see, any guiding principle or law which will harmonise the facts, any clue which will render them useful in practice. The only clue to the maze of jumbled facts is one, and that is the law of similars. That one law makes every experimental fact useful, at least potentially, by at once pointing it out as a guide to the selection of the drug as a remedy. Till this law is acknowledged and utilised, no experiments with drugs on the healthy body will be carried on with any zest; for, as the late Dr. BRISTOWE said publicly at a meeting of the British Medical Association some years ago (and all honour to him for his courage in saying so), unless the homœopathic law of similars be admitted, such experiments can be of no practical use. But the extraordinary thing is that, in spite of this combination in the old school to pursue a policy of silence, to ignore the existence of such a law, and to professionally ignore the existence of those who believe in it and practise it, the old school is becoming steadily leavened with the hateful heresy, and they are constantly adopting our treatment and "discovering" new medicines—these "new" medicines being drugs that to homœopaths are a century old. They are adopted without a shade of acknowledgment of their source, when their action can be explained in no other way than the homœopathic relation of the drug to the disease.

The question of the honesty of such a course is not for us to propound, but it must remain to be settled by the conscience of those who thus act. Our greatest poet, whose analysis of character is so profound, tells us that "Conscience does make cowards of us all," and no better comment could be offered of this statement than the spectacle, in this nineteenth century, of men in a great learned profession, afraid to say what they think, making use of remedies and treatment successfully which they know to be based on principles of

truth, and at the same time not merely abstaining from any open recognition of such principles, but sneering at them, or reviling them and their exponents whenever they are pressed on the subject. When, in a future time, addresses and lectures on the progress of medicine in the Victorian era are delivered, we venture to prophesy that this unique position and action of a learned profession will be pointed out as one of the most remarkable phenomena of the period, a phenomenon to be spoken of with shame and contrition.

In the midst of this dismal state of matters, it is always a comfort to find in the old school medical journals any attempt to say a good word for homœopathy, because it indicates that the right must prevail, if we patiently wait for it, and keep up the standard of truth. *Magna est veritas, et prævalebit* is our motto, and we console ourselves, in our efforts to spread the truth, by remembering that before the light of day is welcomed by all, there is always a period of darkness to be passed. These remarks lead up to a further notice of a paragraph from the *New York Medical Times* of May, which in our August issue we merely extracted without comment. We have thought it well to make a more pronounced recognition of what is really a valuable statement from a non-homœopathic journal, one which must have caused a peculiar sensation in the minds of some of its readers. The article refers to a case of chronic gastric ulcer of twenty years standing cured by bichromate of potash (our kali bichromicum), under the care of Professor FRASER of Edinburgh, and reported in the *Scottish Medical and Surgical Reporter*. The case of itself is extremely interesting; but we do not refer to it for itself, as already quite a number of cases of gastric ulcer and chronic gastritis have been recorded in the old-school journals, treated with and cured by kali bichromicum since Professor FRASER's first paper on the subject a few years ago. But we wish to draw attention to the remarks of the *New York Medical Times* on the subject. The editor begins, "Bichromate of potassium has long been a favourite remedy in the new school in inflammation of the mucous membrane, with tendency to plastic exudation and pseudo-membrane, where excessive mucous secretion is rapidly turned into fibrinous exudate and

false membrane. The discharges, either from the throat, stomach or bowels are of a ropy, stringy character, and sometimes purulent. The inflammation often produces ulceration of the mucous surface which penetrates into the membrane. It is only recently that the old school has utilised this most potent remedy in a class of troubles for which it has been found specially adapted."

Here we notice what is unique as far as we have observed, viz., that in a journal which is unconnected with homœopathy the terms "new" and "old school" are employed. Such terms we thought were adopted by homœopaths only. Next, the writer evidently is well acquainted with the provings of kali bichromicum and its use by homœopaths. All this is pleasant and refreshing. The writer then proceeds to describe Professor FRASER's case, with its treatment by this medicine and its complete cure by it. We do not here extract this passage, as it can be found on p. 511 of this *Review* (August). The writer then adds, "Professor FRASER says that in many other cases of chronic gastritis with persistent vomiting, which had defied every other medication, the use of the bichromate was attended with the happiest results," and then we have this remarkable pronouncement:—"It is needless to say this remedy, found so beneficial by Professor FRASER, would have naturally been suggested to the mind of one familiar with the proving of drugs on the healthy human organism, the well-defined symptoms of the disease being an accurate counterpart of the pathological conditions produced by the drug, and therefore pointing to it in reduced strength as the indicated remedy."

This is excellent. No better description of the homœopathic relation between the drug and the disease could have been given. It is straightforward and to the point. Given this relation, our candid friend says, "therefore" the drug in reduced strength (a euphemism for a small therapeutic dose) is the indicated remedy. We heartily wish that other old-school journals would speak as honestly and plainly. There would soon be an end of the present attitude towards homœopathy. The sentence which follows, and which concludes the extract, is amusing—a kind of "Sop to Cerberus." He is afraid to go too far, in case the "feeler" should have to

be withdrawn inside its shell on a professional outcry. So he adds, "We may differ as regards the correct name to give to this principle or law, or precisely how the result is produced, but the steps leading up to it are matters of scientific investigation, and their general adoption pretty conclusive proof that, while theory may point the way, the truth is only established by the strong clear logic of science." This is so good that we freely pardon the writer, who has had the courage to say what he has said, his little weakness of fear to use the hated word "homœopathy," or the equally abhorred "law of similars." The substance and obvious meaning of his words are quite good enough at present. The rest will follow. In the existing state of feeling against homœopathy a courageous writer in the old school is justified in guarding himself, and in not perilling the interests of the cause he is aiding, by making too rash a thrust as a commencement of the fight. We can only thank the *New York Medical Times* for its timely and courageous support, and trust that its advocacy of the new-school principles and practice will continue. If such is the result, there is no saying what influence on the tide of feeling, and on the secret knowledge of homœopathy which we know largely exists, this journal may not find itself privileged to exert.

## CHRONIC INFLAMMATION OF THE SEMINAL VESICLES.

By DUDLEY WRIGHT, F.R.C.S. Eng.

Assistant-Surgeon and Surgeon for Diseases of the Throat and Ear  
to the London Homœopathic Hospital.

CHRONIC inflammation of the seminal vesicles is not a common complaint, but there is no doubt that it is often overlooked, and the symptoms caused by it are put down to chronic urethritis or inflammation of the neck of the bladder, an error which usually results in the disease remaining uncured, and the patient, after passing through the hands of numerous practitioners, giving up at last all hope of getting relief, and settling down into a confirmed hypochondriac.

The condition under consideration may be the outcome of an acute attack produced by gonorrhœal infection of the membrano-prostatic portion of the urethra, but it is

more commonly brought about by excessive or unnatural sexual acts. The congestion of the parts evoked by such is sufficient to establish a permanent morbid state, resulting in increased secretion of the vesicular glands and thickening of the coats of the organ.

At times the ducts leading from the vesicles to the urethra become narrowed, and retention of the products of secretion leads to distension of the vesicles and their ampullæ, a condition which can be easily felt by examination per rectum.

The contents of the vesicles, according to the severity of the inflammation, may consist of mucus, pus or blood. Usually amylaceous bodies of a highly refractive nature, and resembling starch granules, are present. These are called symplexions, and may, together with adherent mucus and epithelial debris, form shreds or casts of the ejaculatory ducts, which, in time, get passed on into the urethra. The symplexions can generally be found in the sticky mucous discharge which appears at the meatus after the passage of a stool through the rectum has pressed upon and emptied the contents of the vesicles into the urethra.

If an acute attack of inflammation be grafted upon the chronic condition an abscess may form, which, if not relieved by treatment, will point into the rectum or burrow in the pelvic cellular tissue and cause much trouble.

The symptoms of this complaint are both local and general. The local ones are usually marked, and sufficient in most cases to excite a suspicion of their origin, which local examination will confirm.

*Pain* is frequent, and may be in any part of the genital area. By this is meant that area comprising the suprapubic, gluteal, lumbar, perineal and scrotal regions, parts supplied by various branches of the sacral plexus, which, by reason of its intimate connection with the hypogastric plexus, forms a ready route for the referred pains so common in diseases about the neck of the bladder.

The suprapubic pain is perhaps the most common. It may be unilateral, and on the side of the vesicle most diseased. It is often of a burning character, made worse by sexual acts. Sometimes the pain is excessively acute, occurring in crises. In some such cases I have



satisfied myself that these crises are contemporaneous with the passage of casts of the vesicles or ejaculatory ducts into the urethra, and are thus similar to renal or biliary colic. One of my patients would have two or more of such attacks each week, lasting about three hours. During this time he was in real agony, and on more than one occasion faintness was produced. Within a short time of this attack a round cord-like substance, of about the thickness of a crow quill and varying in length from  $\frac{1}{4}$  to  $1\frac{3}{4}$  inches, would be passed per urethram. These masses were often curiously twisted or S shaped, appearing as though they had rested in one of the ampullæ of the vesicle.

Accompanying the pain is usually much tenderness of the perineum. The patient likes to sit on something hard, so that the whole of the body weight is borne upon the tuberosities of the ischium. Occasionally sciatic pain is present.

A *mucous or semi-purulent discharge* is nearly always constant. It appears especially frequently in the morning, causing agglutination of the meatus. This discharge contains symplexions, and is much aggravated by sexual acts or lascivious thoughts. It is undoubtedly derived from the vesicles and their ducts, as it can be expressed from them by pressure in the rectum, and it frequently appears after going to stool. Occasionally it is dark coloured, owing to the presence of hæmoglobin, the congested state of the vesicles conducing to rupture of the blood vessels.

*Micturition* is usually painful, the pain being felt at the neck of the bladder and around the glans penis. Increased frequency of micturition is nearly always constant. In one of my cases it occurred every half-hour during the day, and was slightly less frequent during the night. In this case the right vesicle was the seat of the trouble, and could be felt as a round body about the thickness of a lead pencil by rectal examination. The urine commonly contains phosphates, and this is an important point as it is essential that the phosphaturia be corrected, otherwise complete cure is difficult.

The urine may be albuminous owing to the regurgitation of semen into the bladder. This is diagnosed by the presence of spermatozoa in the urine, and together with these pus cells and symplexions are commonly associated.

*Sexual desire* is usually increased in the early stages of the disease. This is only to be expected when the irritable condition of the parts is borne in mind. If this desire is given way to, the disease is aggravated. Later on, impotence may take its place. Nocturnal emissions are particularly frequent, and in severe cases the emissions may occur during the daytime on the slightest provocation.

*Mental symptoms* are frequent and often out of proportion to the local trouble. Lassitude, weakness of memory and depression of spirits, which may be so profound as to constitute a true melancholia. Sleep is disturbed, and headaches, especially in the occipital region, are commonly complained of.

*Local examination* by the urethroscope reveals practically nothing, unless there be an accompanying membrano-prostatic catarrh. We can learn far more by means of rectal digital examination. This may show that there is some slight enlargement of the prostate, though often this is not found. Passing the finger higher up and to one side of the middle line the lower part of the seminal vesicle will be reached. If this is swollen, either from accumulated contents or from peri-vesicular infiltration, a long rounded mass will be felt which is usually tender, and, at times, excessively so. Pressure upon this and slight downwards massage may empty its contents into the urethra. If the vesicle be much distended its outline will be pear-shaped. The tenderness is nearly always limited to the immediate region of the organs concerned. There should be no difficulty in the diagnosis between a swollen seminal vesicle and a tuberculous nodule in the prostate. The former is higher up and its shape is characteristic. It is not possible as a rule to reach the upper limit of the swelling, but it is altogether separate from the prostate.

So far as diagnosis is concerned then, given a case with increased frequency of micturition with some dysuria, a slight amount of clear discharge from the urethra which can be made to appear by pressing it out of the vesicle by the finger in the rectum, tenderness over the vesicles when thus examined, without any involvement of the prostate, we shall be safe in diagnosing seminal vesiculitis. We must further bear in mind the usual previous history of sexualism, and

take into account the accompanying condition of the patient, which is mostly one of great depression, physical and mental. This to my mind is one of the most important features, though it must not be assumed that all sexual hypochondriacs have seminal vesiculitis. This would be an unwarranted generalisation. One point in deciding between this so-called hysteria in the male and seminal vesiculitis is that in the former by rectal examination the whole field of prostate, base of bladder and vesicles, is tender to pressure, whilst, as we have seen in seminal vesiculitis, only the vesicles and their immediate surroundings are tender, and often only one side is affected.

*Treatment* of the complaint has to be carefully and regularly carried out if we are to hope for a cure. Local treatment by massage is one of our greatest aids.

The patient should have a full bladder, and be made to stand with the body bent at right angles over a support, or he may be in the knee-elbow position. The left fist should then be pressed over the pubes so as to press the bladder towards the rectum, and the index finger of the right hand, previously covered with an india-rubber finger stall so as to prevent any injury to the rectal mucosa, should be introduced into the rectum as high as possible so as to reach the upper part of the vesicle. Whilst counter pressure is now exerted above the pubes, the right index finger should gently stroke the vesicle downwards so as to empty its contents into the urethra. This should be repeated several times, and the patient should then pass water so as to wash out all that has been emptied into the urethra.

The first time that this so-called "stripping" of the vesicles is performed many strings of symplexions will appear in the urine so voided, but as the disease improves less and less will appear.

This massage must not be repeated oftener than once a week, and if it appears to aggravate the pain, or if pus appears when the vesicles are emptied, it should be stopped until a more favourable occasion.

I usually find that a suppository containing gr. v. of ichthyol placed into the rectum every night leads to a rapid improvement, but it occasionally cannot be borne owing to the irritability of the rectal mucous membrane. In such a hazeline suppository may be better.

Of course any urethritis must at the same time be dealt with, and, if of the membrano-prostatic portion and of a chronic nature, the occasional passage of a large steel sound acts as a stimulant to absorption, and often has a beneficial effect upon the irritability of the bladder neck. The sound should be made hot and cold alternately by plunging into water, and should be quickly passed and withdrawn. It should be lubricated with an antiseptic soap, as this will cause the mucus in the urethral canal to cling to the sound and be thus removed.

In very chronic cases of vesiculitis, galvanism by means of a rectal electrode may be tried if all other means fail. This needs rather special instruments, and as I have never myself used it I cannot speak from personal knowledge of its beneficial effects.

It is as well in all cases to advise the use of a suspensory apparatus for the testicles; this prevents dragging on the cord, and thus a certain amount of tension on the intra-pelvic connections of the same are saved.

Internal treatment is of the greatest importance. Of remedies, I have found most benefit come in the earlier stages from the use of acid oxalic or acid phosph.

The former is most suited to those cases in which great languor and lassitude are present. There is increased frequency of micturition, with some pain and burning. The testicles are often tender. Considerable sexual excitement. Oxalates or uric acid are present in the urine. The latter has much the same symptoms, but phosphates in the urine are its main indication. It is especially useful after sexual excess. Acid. picricum, so useful in prostatic cases, I have not found of much benefit. When there is much pain, gelsemium is often helpful. Hepar sulph. is sometimes indicated where emissions are very frequent. Ammon. brom. is, perhaps, the most suitable remedy where there is much mental distress. Each case will probably need many changes in the remedy before a cure is complete, and in no case is there likely to be a rapid improvement, and everything must be done that is possible to keep up the patient's spirits. Bicycling should be forbidden, though it is but rarely that a patient has any inclination to attempt it, as the seat nearly always causes discomfort. Coffee and all rich and spiced food must likewise be avoided, and alcohol also is usually contra-indicated.

## HOMŒOPATHY IN WHOOPING-COUGH.

By Dr. CARTIER.

(*Rev. Homœopathique Française*, Février, 1899.)

An abstract, translated by Dr. J. ROBERSON DAY.

WHOOPING-COUGH has three distinct phases, and the treatment is best considered in connection with each.

At first the ordinary catarrhal period, which lasts from eight to fifteen days, followed by a throat cough. Homœopathy cannot prevent the disease developing, but it can lessen the duration and intensity of the attacks. Belladonna, bryonia, and especially aviaire, have lessened the intensity of the premonitory cough.

It is in the convulsive stage that homœopathic treatment is most beneficial. The attacks of coughing can be reduced from an average of 25 in the day, to 18, 15, and 6 per day, until they cease. Some cases are cured in three weeks from the commencement of the spasmodic stage, but such are rare, and must be considered as exceptional successes.

Drosera is the remedy for the convulsive stage—it should be used in infinitesimal doses, and not in the mother tincture, which is useless; and this explains why the allopaths fail with this remedy which they have appropriated from us.

Dr. Teste in his little book\* advises corallium rubrum, and says as soon as improvement follows its use, that is in four or five days, it should be discontinued and chelidonium, &c. given instead.

Dr. Cartier finds corallium and drosera in alternation act well, but that they should not be commenced too soon.

Passiflora incarnata, a remedy little used in whooping-cough, serves well for the sleeplessness, spasms and certain nervous phenomena. Frequently when lying down at night the attacks are worse, and hyoscy., bellad. and conium will not serve as well as passiflora. Five drops of the mother tincture at bedtime. Another plan is to give two drops of the tincture immediately after each attack until the total quantity taken in the night is from six to twelve drops. The preparation of the tincture is important—it should be made from the

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\**Maladies de l'Enfance.*

wild plant, and not from the cultivated variety. There is the same difference between the aconite of the mountains and the garden aconite.

Cuprum is indicated for the spasms and cramps ; if the child becomes blue, and cyanosed in the attacks, with twitching of the muscles, or is convulsed, cuprum is imperatively called for.

Ambra grisea has a well-marked indication which has been clinically confirmed—namely the spasms of the cough are accompanied with eructations.

In those cases where one attack is immediately followed by a second, merc. cor. is useful.

Naphthaline, which has been much used in America, has been tried by Dr. Cartier, and, although it is useful, is not likely “to dethrone corallium or drosera.”

The third period of whooping-cough is characterised by the cessation of the attacks of coughing and by a nervous cough, which sometimes lasts a long time. Hyosey. and pulsat. are here indicated, but the cough is sometimes very rebellious, and change of air at this time becomes necessary.

Dr. Cartier contrasts the favourable treatment under homœopathy with the old-school methods of anti-spasmodics and sedatives. The allopaths, no doubt, reduce the attacks with bromoform, antipyrin, belladonna in large doses, and the bromides, but in doing so they depress the organism ; while acting on the nerves of the heart and the organs of respiration they induce passive congestion and lead to microbic infection and broncho-pneumonia—the most formidable complication of whooping-cough.

## THE HOMŒOPATHIC TREATMENT OF CAPILLARY BRONCHITIS.\*

By W. T. LAIRD, M.D., Watertown, N.Y.

J. LEWIS SMITH says that capillary bronchitis is a malady “of great danger,” and that, “under the age of one year, it is one of the most fatal diseases of early life.” Meigs and Pepper report a mortality of twenty per cent. West states that “it generally tends to a

\* Read before the Medico-Chirurgical Society of Central New York, December 1st, 1898, and reprinted from the *North American Journal of Homœopathy*, July, 1899.

fatal termination." All other old-school authorities use substantially the same language.

In view of this positive and unanimous testimony, it may seem presumptuous to claim that under homœopathic treatment the mortality can be reduced to less than five per cent., yet the experience of the members of this society will, undoubtedly, substantiate the statement.

In order to successfully combat this formidable affection, two common errors must be avoided. The first is routine practice, or the habit of prescribing for the disease instead of the patient. Capillary bronchitis offers no exception to the general rule, that all maladies, both acute and chronic, present new features from year to year, requiring a corresponding change in remedies. The second is the tendency to confine ourselves to the drugs mentioned in the works on pædiatrics and to rely too implicitly upon the dicta of men deservedly eminent in the profession. The medical practitioner in Northern New York finds that his personal experience does not corroborate Professor Farrington's statement that "aconite, ipecac., tartar emetic, and phosphorus will cure nine-tenths of the cases of capillary bronchitis." He learns that he needs other remedies besides those mentioned by Professors Deschere, Fisher and Duncan. In the first flush of chagrin and disappointment, he may even denounce these authors as false teachers and "blind leaders of the blind," forgetting the self-evident truth, that each writer necessarily describes the treatment from the standpoint of his individual experience. Now, it is a well-recognised fact, that while the generic or diagnostic features of a malady always remain the same, the finer lights and shades of the disease picture—the peculiarities which determine the choice of remedies—vary greatly in different localities. Elevation above the sea-level, humidity, the direction of prevailing winds, and, in short, all those numerous factors that may be summed up in the word "environment," exert a subtle but appreciable influence. Consequently a method of treatment that is uniformly successful in one section may entirely fail in another.

This paper is not intended to be an exhaustive treatise upon the therapeutics of capillary bronchitis, but merely

a record of personal experience and observation in the management of this disease in infants and children. It should also be understood that the writer does not subscribe to the theory that capillary bronchitis and broncho-pneumonia are identical, or accept the dictum that a temperature of  $103^{\circ}$  marks the boundary line between the two maladies.

The reliable remedies—those that have stood the practical test of clinical experience—are comparatively few in number. In the early stages, the choice usually lies between aconite, belladonna, calcarea carb., chamomilla, cina, phosphorus and veratrum viride, while in later ones, the principal remedies are ipecac, tartar emetic, stibium arsenicosum, ammonium carb., ammonium mur. and sulphur. It must be understood, however, that this is merely a general rule and, therefore, subject to exceptions. Belladonna, for instance, may be indicated at any stage of the disease, and tartar emetic is equally useful at the onset and when the malady is well advanced. The symptoms of the patient, not the duration of the attack, must decide the choice.

*Aconite* will be required when there is a dry, burning heat of the surface, or a mixture of chilliness and fever, with full, hard pulse, flushed face, great thirst and restlessness. The cough is dry, hacking or ringing, aggravated by drinking cold water or lying on either side, relieved while lying on the back. The urine is diminished in quantity, high-coloured and turbid; in some instances there may be retention or strangury. The sleep is disturbed by constant restless tossing, but the eyes are closed, not half open as in belladonna.

All homœopathic authors agree that aconite is the principal remedy in the initial stage of capillary bronchitis; and Professor Deschere claims that it is a mistake to change to some other medicine "when the fever decreases and the cough becomes looser." According to the writer's experience, however, all the benefit to be derived from its use is obtained during the first twenty-four hours, and even in this stage, it is required less frequently than belladonna. This may be partly due to the fact that aconite is especially suitable when the disease is induced by exposure to dry cold winds, while in Northern New York the cold winds are invariably damp, owing to the vicinity of Lake Ontario. It is also



probable that we should see more aconite cases, if parents were not in the habit of waiting until the disease is fully developed before calling a physician.

*Belladonna* should be given when the following symptoms are present—the cough is barking, spasmodic, often hoarse, and so painful that the child instinctively dreads it and resolutely chokes it back as long as possible. Every coughing spell begins with a succession of short hacks, each of which is accompanied by whimpering; and finally, when the power of restraint is lost, there ensues a severe, long-lasting paroxysm, followed by violent crying and screaming. There is high fever with full, strong pulse, and violent throbbing of the carotid and temporal arteries, but the skin is often moist, not dry as in aconite; the heat may be general, but more frequently there is icy coldness of the hands and feet. The eyes are often congested and the pupils dilated. The face is uniformly flushed or deathly pale. Thirst is moderate—the child drinks often but only a swallow or two at a time. The urine may be profuse or scanty and high-coloured. In mild attacks the child is drowsy but cannot sleep, or the sleep is restless with half-open eyes, rolling of the head, frequent moaning, and violent starts and twitching of the muscles. In severe cases there is profound stupor or convulsions.

Novices often fail with belladonna, and there are three very important “don’ts” to be remembered in connection with this drug. Don’t change to ipecac. or tartar emetic the moment the cough becomes a little looser. No matter how loose it may be, so long as it retains its spasmodic character and the child cries after every paroxysm, belladonna is still indicated. Don’t prescribe belladonna simply because the patient has a high temperature. Fever is only one of the symptoms and by no means the most important. Give the remedy that covers the peculiarities of the cough and the general condition and the temperature will take care of itself. Above all, don’t alternate belladonna with some other medicine, giving the former for the fever and the latter for the cough. Such treatment is neither scientific nor successful.

*Calcarea carb.* often proves serviceable in scrofulous children, who have swollen abdomens and large heads, with open fontanelles and profuse sweat on the occiput

during sleep. The feet are constantly cold and damp. The urine is clear and has a foetid odour. The patients are obstinate and self-willed, but there is none of the peculiar nervous irritability that we find in *chamomilla* and *cina*. The fever is moderate. The cough is very similar to that of *belladonna*, but is slightly looser and less violent and spasmodic. The constitutional symptoms determine the choice of this remedy.

*Chamomilla* is more frequently indicated than prescribed. It is especially useful when the disease occurs during dentition. Professor Deschere gives the following excellent summary of its symptoms: Frequent coughing spells, worse during the night, especially about midnight; cough, harsh and rattling; the child kicks and cries and the right cheek gets red during the paroxysm; the crying always produces a suffocative attack, after which the child is much exhausted. There is no expectoration during the night, but in the daytime the child raises a little mucus, which is swallowed; shortness of breath between the paroxysms; fine and coarse râles all over the chest. The sleep is poor with tossing, moaning, starting, coughing, and half-open eyes during sleep. Micturition is painful, and the urine is scanty, yellow, turbid, and deposits a clay-coloured sediment. There is high fever with great heat of the surface when covered, but as soon as a part is exposed, it becomes quite cold. The pulse is small, quick, hard, and sometimes irregular. The head and face are often covered with a warm, sticky sweat during sleep. The child is cross, irritable and furious, and the right cheek is always more flushed than the left.

*Cina* is another neglected remedy. The majority of our physicians seem to think it good only for worms and but few appreciate its value in the capillary bronchitis of nervous, irritable infants. The *cina* child has even a worse disposition than the *chamomilla* patient. He cries for his playthings and when they are brought to him, dashes them on the floor and howls. It always requires two members of the household and sometimes the entire family to coax him to take his medicine. He snarls if the doctor comes near him or even looks at him; and every attempt to examine his lungs is the signal for a fresh volley of kicks and yells. This nervous

erethism often ends in violent tonic convulsions. The temperature is usually high. The respiration is rapid and occasionally irregular. The face is either pale or the cheeks may be flushed with a bluish hue about the mouth and nose. The child is constantly picking his nostrils and grinding his teeth. As soon as he falls asleep, he starts up again, kicking and screaming. The urine is profuse, light coloured, and often milky. The cough is not characteristic. It may be dry and hacking, especially at night, or there may be violent paroxysms ending in gagging and a motion in the throat as if the child were swallowing something. In other cases it is almost continuous, reminding us strongly of rumex.

*Phosphorus* is not, strictly speaking, a remedy for capillary bronchitis, but is often indispensable when this disease is complicated with broncho-pneumonia. The cough is usually tight with a tearing sensation under the sternum, marked oppression and soreness of the chest and constriction of the larynx. Upon auscultation mucous râles may be heard all through the lungs and especially in the lower right lobe. The expectoration may be bloody, sweetish, salty, or purulent; more characteristically it consists of yellow, blood-streaked mucus. Respiration is embarrassed and often panting. The temperature is high; the pulse is at first full and hard, but becomes frequent and feeble as the prostration increases. Finally, typhoid symptoms may develop. Professor Deschere lays especial stress upon the fact that "the cough and general condition of the patient are always better after sleep."

*Veratrum viride* has been strongly recommended by many physicians in the beginning of the disease, in cases characterised by excessively high temperature and rapid pulse. Others do not restrict its use to the initial stage, but prescribe it as an intercurrent remedy whenever the thermometer marks 104°. Yet the value of the drug in capillary bronchitis is, to say the least, doubtful. It certainly never produces the same prompt, decided results in this malady that it does in pneumonia. During the first 24 hours of the attack it may act as a palliative, temporarily reducing the pulse and temperature; but it neither aborts the disease nor materially shortens its duration. In later stages it is

not only useless but may be positively injurious, for, in ordinary doses it has no effect upon the fever, while in large ones it is a dangerous cardiac depressant.

*Ipecac.* is said to cure when there is a great accumulation of mucus with râles all through the lungs, spasmodic gagging cough, constant nausea, frequent vomiting of stringy, tenacious phlegm, dyspnœa, and high fever. The phrase "is said to cure" is used advisedly, for the writer has given *ipecac.* in this disease, in both high and low potencies, and even in five-drop doses of the tincture, and has never yet seen it produce the slightest good effect. It would be presumptuous to reject a remedy endorsed by such writers as Farrington, Fisher, Deschere, and Duncan; but nevertheless, personal experience has shaken the writer's faith in the efficacy of this drug in capillary bronchitis.

*Tartar emetic*, although frequently indicated, is very far from being a specific for this disease as some of our writers virtually imply. It corresponds in two stages—a very early and a comparatively late one. It promptly aborts an attack, if given at the onset when the characteristic sub-crepitant râles can be detected by careful examination, but before marked fever, cough, or dyspnœa has appeared. The infant, while nursing, "suddenly lets go of the nipple and cries as if out of breath and seems to be better when held upright and carried about." Unfortunately, these symptoms are usually considered trivial by parents and nurses and the physician is rarely called at this stage. The use of the remedy is, therefore, practically restricted to cases in which the disease is well advanced.

In later stages *tartar emetic* should be selected, when there is great rattling of mucus in the bronchial tubes, and the cough is loose, but the child is unable to raise the phlegm, which threatens to suffocate it. The respiration is laboured, wheezing, panting, and almost entirely abdominal; during sleep it is often intermittent. The fever is generally moderate, but occasionally the temperature may reach 104°. The head is hot and covered with perspiration; the face is pale, bloated, or cyanotic; the eyes sunken and surrounded by blue rings. There is great prostration with feeble, thready pulse. As the exhaustion increases the cough becomes less and less frequent and finally ceases. At first the child may

display an irascibility almost equal to that of the chamomilla or cina patient; but as the disease progresses, this nervous irritability is replaced by drowsiness, which gradually deepens into stupor and coma.

Tartar emetic differs from ipecac. in having a less spasmodic cough, less nausea and vomiting and greater prostration and drowsiness. It is our main remedy in impending paralysis of the lungs, due to capillary bronchitis alone or to a mixture of this disease with broncho-pneumonia. Where this condition occurs, tartar emetic should be compared with stibium arsenicosum, chelidonium, lycopodium and the ammonia salts.

*Stibium arsenicosum* has proved curative in cases having the same profuse accumulation of mucus with loose cough and inability to raise, prostration, cyanosis, and impending paralysis of the lungs that we find in tartar emetic, but which, instead of the drowsiness and stupor of the latter remedy, have the excessive anxiety, restlessness, thirst, and burning heat characteristic of arsenicum.

This drug corresponds to an exceedingly dangerous type of the disease. In the writer's practice, it has often saved patients whose condition appeared hopeless. Remember that arsenicum does not cure these cases, and that arsenicum and tartar emetic, given in alternation, do not produce the same effect as stibium arsenicosum.

*Ammonium carb.* is needed when the remedies already mentioned fail to relieve, and the progress of the disease is steadily deathward. There is a copious secretion of mucus, with loud râles all through the chest and constant loose cough, but expectoration is difficult or entirely absent. The countenance is markedly cyanotic. There is drowsiness with muttering delirium and grasping at flocks; the surface of the body is cooler than normal; and finally œdema pulmonum or paralysis of the lungs may supervene.

*Ammonium mur.* is very similar to ammonium carb., but there is less prostration and the mucus is more sticky. In the writer's experience it has cured cases, characterised by drowsiness, cyanosis, loud, rattling, wheezing respiration, infrequent cough and occasional vomiting of large quantities of ropy phlegm.

Ammonium mur. does not work satisfactorily in this disease in the potencies. The best results are obtained

by dissolving five to ten grains of the crude drug in a glassful of water and giving tea-spoonful doses of the solution at frequent intervals.

*Sulphur* is invaluable when there is deficient vital reaction or when well-chosen remedies fail to act. There are loud mucous râles through the chest, especially in the left lung; in infants we may also find an occasional area of partial dulness due to atelectasis. The palms of the hands and the soles of the feet are dry and hot. The fever and cough persist day after day, and the patient apparently grows neither better nor worse. In such cases, sulphur either removes the whole train of morbid phenomena or paves the way for the efficient action of other drugs.

Among the remedies less frequently indicated in the later stages may be mentioned chelidonium, lycopodium, and terebinthina. All three have loose, rattling cough with scanty expectoration or inability to raise, oppression of breathing, drowsiness, cyanosis, and impending paralysis of the lungs, similar to tartar emetic. Chelidonium is distinguished by its predominant bilious symptoms—swollen, tender liver, jaundice, offensive breath, yellow-coated, flabby, tooth-indented tongue, and profuse bright-yellow diarrhoea or constipation with clay-coloured stools. Lycopodium is differentiated by the fan-like motion of the ala nasi and the characteristic aggravation from 4 to 8 p.m. Terebinthina has a dry, red tongue and scanty, dark, “smoky” urine, containing decomposed blood.

In a discussion upon capillary bronchitis in the Jefferson County Homoeopathic Medical Society in 1891, Dr. M. H. Bronson said that while he employed the usual medicines in the early stages of the disease, he always gave ammon. caust. as soon as cyanosis appeared. He claimed that “this remedy has a specific effect in freeing the small tubuli of the tenacious exudation.” The observations of such an accurate and careful prescriber are certainly entitled to credit and ammon. caust. may well be placed among our reserves.

Numerous other drugs have been recommended by different writers upon this subject. The list includes antimon. crud., antimon. sulph., aur., arnica, arsenic, baryta carb., bryon., cactus, cuprum arsen., dros., dulc., eupator. perf., ferrum phos., gelsem., hepar, iodine, kali

bich., kali carb., kali mur., lach., lauro., merc. sol., nux vom., pulsat., rumex, senega, silica, spongia, and veratrum alb., together with strychnine and caffeine in threatened cardiac and respiratory failure. The writer has had no experience with these remedies in capillary bronchitis.

In conclusion, a few words may be devoted to the management of the sequelæ of this affection. Phosphorus is almost specific for the hoarse, barking, croupy cough that sometimes remains after the acute symptoms have subsided. In puny, debilitated infants atelectasis does not always disappear with the cure of the original disease; in this condition there is no better remedy than sulphur. For the emphysema that often persists for months after a severe attack, the most efficient medicines are calcarea carb. and chlorine. The former should be selected when the patient presents the constitutional peculiarities characteristic of this drug. In the absence of these symptoms the choice will fall upon chlorine. In order, however, to obtain the best results in emphysema, you must use these remedies in the high potencies. Give a dose of the 30th or 200th, dry on the tongue, night and morning, and you will effect a rapid and permanent cure.

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### PROVINGS OF ECHINACEA ANGUSTIFOLIA.\*

By J. C. FAHNESTOCK, M.D., Piqua, Ohio.

FOUR species of this genus are recognised. Two of them, *E. dicksoni* and *E. dubia*, are native in Mexico. There are two native in this country, *E. purpurea*, *moench.* Leaves rough, often serrate; the lowest ovate, five-nerved, veiny, long-petalled; the other ovate-lanceolate; involucre imbricated in three to five rows; stem smooth, or in one form rough—bristly, as well as the leaves. Prairies and banks, from western Pennsylvania and Virginia to Iowa, and southward; occasionally advancing eastward. July.—Rays fifteen to twenty, dull purple (rarely whitish), one to two feet long or more. Root thick, black, very pungent to the taste, used in popular medicine under the name of Black Sampson. Very variable, and probably connects with

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\* Reprinted from the *Medical Century*, August 1st. 1899.

*E. Angustifolia*, described as follows: Leaves, as well as the slender, simple stem, bristly—hairy, lanceolate and linear lanceolate, attenuate at base, three-nerved, entire; involucre less imbricated and heads often smaller; rays twelve to fifteen inches (2) long, rose-colour or red. Plains, from Illinois and Wisconsin southward—June to August. This is a brief description of the botany of the plant under consideration.

In conjunction with the chairman of the materia medica section of the American Institute of Homœopathy a number of provers were secured, besides proving and re-proving it myself. The results of all of these provings were handed over to me. Explicit printed directions were sent to all the superintendents of these provings. The most important points in these directions were: Let each prover be furnished with a small blank book in which shall be written date, name, sex, residence, height, weight, temperament, colour of eyes, colour of hair, complexion; describe former ailments and present physical condition. In concluding give pulse in different positions, respiration, temperature, function of digestion, analysis of excretions, especially the urine, analysis of the blood, family history, habits, idiosyncrasy, etc.

The different colleges and universities were called upon to assist in these provings. The following institutions responded to the call: Cleveland, St. Louis, Minneapolis, the Chicago Homœopathic, Iowa City and Ann Arbor.

I think it but just to state that the University of Michigan furnished the best provings. One lady who commenced the proving and had begun to develop valuable provings contracted a severe cold and stopped, for which I was very sorry. All the rest of the provers were males—medical students or physicians. Only a very few symptoms were produced by the use of the 30x attenuation, a greater number of provers not recording any at all.

The symptoms here compiled were produced by the 8x attenuation and the tincture, using from one drop to 80 drops at a dose. In proving and then compiling the symptoms produced by this drug I am fully aware of the many difficulties to be met on every side.

The one great trouble that I find is that those who are unaccustomed to proving do not observe what really is going on, while attempting to make a proving, and are



not capable of expressing the conditions so produced. I find that there are few who can take drugs and accurately define their effects. In selecting and discriminating the effects of drugs there must exist a mental superiority; no man had this genius so highly developed as Hahnemann. After making three different provings upon myself, I have undertaken to select those symptoms which to the best of my ability were found in all of these different provings.

I have taken special care not to omit any symptoms; even though it may have been noticed by but one prover; but in the majority of the cases it will be noticed that the symptoms occurred two or more times in different individuals, thus confirming the genuineness of the symptoms.

As I shall not give day book records of these provers, a few remarks showing its general action may not be out of place. As stated before, only two symptoms are recorded after the use of the 30x attenuation.

After taking the tincture there is soon produced a biting, tingling sensation of the tongue, lips and fauces, not much unlike the sensation produced by aconite. In these provers there soon followed a sense of fear, with pain about the heart and accelerated pulse. In a short time there was noticed a dull pain in both temples, a pressing pain; then shooting pains which followed the fifth pair of nerves. The next symptom produced was an accumulation of sticky mucus in mouth and fauces. Then a general languor and weakness followed, always worse in the afternoon. All the limbs felt weak and indisposed to make any motion, and this was accompanied by sharp, shooting, shifting pains. In quite a number of cases the appetite was not affected.

Those using sufficient quantity of the tincture had loss of appetite with belching of tasteless gas, weakness in the stomach, pain in the right hypochondriac region, accompanied with gas in the bowels; griping pains, followed by passing offensive flatus, or a loose yellowish stool, which always produced great exhaustion. After using the drug several days the face becomes pale, the pulse very much lessened in frequency, and a general exhaustion follows, as after a severe and long spell of sickness. The tongue will then indicate slow digestion, accompanied with belching of tasteless gas. In most of

the provers, however, there was a passing of very offensive gas and offensive stools.

It will be observed that the remedy exerts quite an effect on the kidneys and bladder, but I am very sorry to say that the urinary analysis made did not show anything but the variations generally observed in ordinary health. The provers did not go into the details as much as was desirable. Likewise I may say the same of the blood tests made, though what was given is very valuable. I could give my readers an expression of its special action, but merely give the symptoms collected and then they can make their own deductions.

The collection of symptoms is appended, anatomically arranged.

#### MIND.

- 3 Dulness in head with cross, irritable feeling.
- 2 So nervous could not study.
- 3 Confused feeling of the brain.
- 2 Felt depressed and much out of sorts.
- 3 Felt a mental depression in afternoons.
- 1 Senses seemed to be benumbed.
- 5 Drowsy, could not read, drowsiness.
- 2 Vertigo when changing position of head.
- 3 Drowsy condition with yawning.
- 2 Becomes angry when corrected, does not wish to be contradicted.

#### SENSORIUM.

- 5 General depression with weakness.
- 3 General dulness and drowsiness.
- 4 General dulness, unable to apply the mind.
- 5 Does not wish to think or study.
- 3 Restless, wakes often in the night.
- 2 Dull headache, felt as if brain was too large with every beat of heart.
- 5 Sleep full of dreams.

#### INNER HEAD.

- 5 Dull pain in brain, full feeling.
- 5 Dull frontal headache, especially over left eye, which was relieved in open air.
- 2 Severe headache in vertex, better by rest in bed.
- 5 Dull headache above eyes.
- 4 Dull throbbing headache, worse through temples.

- 3 Head feels too large.
- 1 Dull headache, worse in evening.
- 2 Dull headache, worse in right temple, with sharp pain.
- 3 Dull pain in occiput.
- 3 Dull headache with dizziness.

#### OUTER HEAD.

- 3 Constant dull pressing pain in both temples.
- 2 Shooting pains through temples.
- 2 Dull occipital headache.
- 3 Constant dull pain in temples, better at rest and pressure.
- 2 Head feels as big as a windmill, with mental depression.

#### EYES.

- 2 Eyes ache when reading.
- 1 Tires me dreadfully to hold a book and read.
- 1 Eyes pain on looking at an object and will fill with tears, closing them relieves.
- 1 Sleepy sensation in eyes, but cannot sleep.
- 1 Pains back of right eye.
- 1 Sense of heat in eyes when closing them.
- 2 Dull pain in both eyes.
- 1 Lachrymation from cold air.
- 2 Sharp pains in eyes and temples.

#### EAR.

- 2 Shooting pain in right ear.

#### NOSE.

- 2 Stuffiness of nostrils, with mucus in nares and pharynx.
- 4 Full feeling in nose as if it would close up.
- 2 Full feeling of nose, obliged to blow nose, but does not relieve.
- 2 Nostrils sore.
- 2 Mucous discharge from right nostril.
- 2 Rawness of right nostril, sensitive to cold, which causes a flow of mucus.
- 1 Bleeding from right nostril.
- 1 Right nostril sore, picking causes hæmorrhage.
- 1 Headache over eyes with sneezing.

## FACE.

- 2 Paleness of face when the head aches.
- 1 Fine eruptions on forehead and cheeks.
- 2 Vomiting with pale face.

## TEETH.

- 2 Darting pains in the teeth, worse on right side.
- 3 Neuralgic pains in superior and inferior maxilla.
- 2 Dull aching of the teeth.

## TONGUE.

- 2 White coating of tongue in the morning with white frothy mucus in mouth.
- 2 Slight burning of tongue.
- 2 Whitish coat of tongue with red edges.

## MOUTH.

- 2 Accumulation of sticky, white mucus.
- 3 Eructation of tasteless gas.
- 2 Burning of the tongue with increased saliva.
- 1 Dry sensation in back part of mouth.
- 2 Burning peppery taste when taking remedy.
- 3 Bad taste in the mouth in the morning.
- 3 A metallic taste.
- 3 Belching of gas which tastes of the food eaten.
- 2 Dryness of the mouth.
- 3 Sour eructation.
- 1 Sour eructation which caused burning of throat.

## THROAT.

- 3 Accumulation of mucus in throat.
- 1 Mucus in throat with raw sensation.
- 1 After vomiting of sour mucus throat burns.
- 2 Soreness of throat, worse on left side.

## DESIRE.

- 5 Loss of appetite.
- 2 Desire for cold water.

## EATING.

- 3 Nausea, could not eat.
- 5 Loss of appetite.

### NAUSEA AND VOMITING.

- 2 Nausea before going to bed, which was always better lying down.
- 2 After eating, stomach and abdomen fill with gas.
- 3 After eating, belching, which tastes of food eaten.
- 2 Nausea with eructation of gas.

### STOMACH.

- 1 Stomach distended with gas, not relieved by belching.
- 4 Belching of tasteless gas.
- 2 Sense of something large and hard in stomach.
- 2 Belching of gas and at same time passing flatus.
- 3 Sour stomach, heartburn with belching of gas.
- 1 Relaxed feeling of the stomach.
- 1 Pain in stomach going down through bowels, followed by diarrhœa.
- 3 Dull pain in stomach.

### HYPOCHONDRIA.

- 5 Pain in right hypochondrium.

### ABDOMEN.

- 5 Full feeling in abdomen with borborygmus.
- 2 Pain about umbilicus, relieved by bending double.
- 2 Pain in abdomen, sharp cutting, coming and going suddenly.
- 1 Pain in left iliac fossa.

### URINE.

- 6 Desire for frequent urination.
- 4 Urine increased.
- 1 Involuntary urination—"in spite of myself."
- 2 Sense of heat while passing urine.
- 3 Urine pale and copious.
- 1 Urine scanty and dark in colour.
- 2 Pain and burning on urination.

### MALE SEXUAL ORGANS.

- 1 Soreness in perinæum.
- 2 Testicles drawn up and sore.
- 1 Pain in meatus while urinating.
- 2 Pain across perinæum.
- 2 Perinæum seems stretched.
- 1 Pain in right spermatic cord.

## FEMALE SEXUAL ORGANS.

- 1 Mucus from vagina in evening.
- 1 Pain in right iliac region which seems deep, lasting but a short time.

## LARYNX.

- 2 Irritation of larynx.
- 1 Voice husky.

## COUGH.

- 2 Constant clearing of mucus from throat.
- 2 Mucus comes in throat while in bed, must cough to clear throat.

## LUNGS.

- 2 Full feeling in upper part of lungs.
- 2 Pain in region of diaphragm.
- 1 Pain in right lung.

## HEART AND PULSE.

- 2 Slight pain over heart.
- 1 Rapid beating of heart.
- 1 Heart's action increased.
- 2 Heart's action decreased.
- 2 Anxiety about the heart.

## CHEST.

- 2 Pain in pectoral muscles.
- 1 Sore feeling in the chest.
- 1 Feels like a lump in chest.
- 2 Feeling of a lump under sternum.

## NECK AND BACK.

- 3 Pain in small of back over kidneys.
- 6 Dull pain in small of back.
- 3 Pain in back of neck.
- 4 Pain in lumbar region, worse from stooping.

## UPPER LIMBS.

- 3 Pain in right thumb.
- 2 Sharp pain in left elbow.
- 2 Pain in right shoulder going down to fingers.
- 2 Sharp pain in left arm going down to fingers with loss of muscular power.
- 2 Cold hands.
- 4 Pain in wrists and fingers.
- 2 Pain in left shoulder, better by rest and warmth.

LOWER LIMBS.

- 2 Cold feet.
- 2 Pain back of left knee.
- 2 Sharp shooting pain in legs.
- 1 Extremities cold.
- 3 Left hip and knee pains.
- 2 Pain in right thigh.
- 2 Pain in right leg.

LIMBS IN GENERAL.

- 7 General weakness of limbs.
- 1 Pain between shoulders which extends to axilla and down the arms.

POSITIONS.

Pains and sickness of stomach, better by lying down.

NERVES.

- 7 Exhausted, tired feeling.
- 5 Muscular weakness.
- 2 Felt as if I had been sick for a long time.
- 6 General aching all over, with exhaustion.

SLEEP.

- 2 General languor—sleepy.
- 3 Sleep disturbed, wakes often.
- 5 Sleep full of dreams.
- 1 Dreams about exciting things all night.
- 2 Dreams of dead relations.

TIME.

Worse after eating.  
Worse in evenings.  
Worse after physical or mental labour.  
Better at rest.

CHILLS.

- 1 Chills up the back.
- 1 Cold flashes all over the back.
- 2 General chilliness with nausea.

SKIN.

- 3 Intense itching and burning of skin on neck.
- 1 Little papules on skin with redness, feeling like nettles, this occurred on the fifth day of the proving.
- 1 Skin dry.
- 2 Small red pimples on neck and face.

BLOOD.

- 2 After proving found a diminution of red corpuscles.

## SENECIO AUREUS.

By C. J. WILKINSON, M.R.C.S., &amp;c.

THE following presentment of the pathogenesis of *senecio aureus* (the golden ragwort of our poorer pasturage) consists of an amalgamation of the provings recorded in the *Cyclopædia of Drug Pathogenesis*, together with a proving by a woman, published by DR. BARNARD, of Baltimore, in the *American Medical Monthly*, (May, 1899). The latter is a valuable contribution, since (though *senecio* has long been prescribed empirically for amenorrhœa and dysmenia) no female provings were until now available.

The student of our *materia medica* can seldom give his attention to any of our pathogeneses without finding occasion to bewail the scarcity of objective symptoms and the unscientific laxity of terms in which the few existent are recorded. The leap from one firm foothold of fact to the next is too often almost foolhardy. This is the case with the provings of *senecio*. There is, however, one valuable fact—that we have here a drug which has produced the phenomena of acute prostatitis with accompanying rectal and vesical irritation. Whether we are justified in constructing a picture of rapidly ascending trouble, the result of urethral infection, from “smarting in the fossa navicularis,” “uncomfortable heat in the neck of the bladder,” frequent micturition, acute prostatitis, “urine tinged with blood,” some “slight renal pain” and frequent backache, with “smarting in the left groin” and “dull heavy pain in the left spermatic cord, moving on to testicle” as divagations, is just one of those questions which a more careful record would render answerable. As it is, we have no information even of the actual urinary state. It seems probable that *senecio* is a drug capable of a larger sphere of usefulness than it at present occupies.

The symptoms are arranged by regions, with the date of their occurrence—an arrangement well calculated to demonstrate the gradual development of drug action.

S.i. signifies the symptoms of a youth under Dr. Smart's observation, S.ii. the symptoms of Dr. Smart himself, while J.a, J.b and J.c represent the occurrences in Dr. Jones' first, second and third provings respectively.



All these may be found in narrative form in the *Cyclopædia* (vol. iv., pp. 81-89). The symptoms of Dr. Barnard's female prover are followed by the letter F.

MIND.

1st day. Restlessness after evening dose. S.i.

Restless up to midnight. S.ii.

3rd. day. Sadness. J.b.

4th day. Sadness, nervous trembling. J.b.

Hard to keep thoughts on work, drop things about, hard to move quietly, very forgetful. F.

5th day. In evening, very meditative and somewhat gloomy. Hard not to do thoughtless things, more controlled in evening, more cheerful. F.

6th day. Inability to fix mind—sadness and despondency. J.c.

Thoughtless, better towards evening. F.

7th day. Thoughtless, better towards evening. F.

8th day. Irritable, worried and undecided. F.

9th day. Dissatisfied, self-centred. F.

10th day. Sometimes elated, sometimes depressed. J.a.

Very much depressed and nervous, irritable and cross, worse when sitting still, want to throw arms about, feel like gritting teeth, very despondent during morning, more cheerful in evening. F.

11th day. Nervous all day, worse at times; cannot sit still, must move, can get some relief from contracting all muscles and breathing hard. F.

Nervous, cross and irritable. F.

12th day. Morning, feels ugly and hateful, spiteful; feels like talking all the time and using vigorous expressions; hard to think deeply, very nervous. Towards evening less nervous and more cheerful; giggles when amused, instead of laughing heartily. Talks at random, no desire for open air or conversation. Easily startled, answers in a loud voice. F.

13th day. Spirits variable. J.a.

14th day. Morning, lonesome; does not know what to do with herself; does not care to mingle with people very much; loss of interest in work. F.

15th day. Cross in morning; interest in work returning. F.

22nd day. Lassitude and sadness lasted till now. J.c.

\* \* \* \* \*

The mental symptoms of senecio are mainly valuable as "corroborative detail calculated to give verisimilitude" to indications in other spheres of its action. The general indication is spirits varying between elation and depression, with a decided predominance of the latter. It has been used in puerperal melancholia.

#### HEAD.

1st day. Chilliness with heat, especially in forehead, dull stupifying headache. S.i.

In evening, perspiration on forehead. S.i.

3rd day. Slight dizziness. J.c.

Head uncomfortably full. S.ii.

3rd day. Outward pressing, temporal headache. J.c. Giddiness. J.b.

Dizziness on going into open air. J.c.

4th day. Pain in forehead shooting outwards. J.b. Giddiness occasionally.

5th day. Slight occipital headache in a.m. F.

Occasional giddiness.

5th and 6th days. Slight occipital headache in a.m. F.

6th day. Giddiness. J.c.

7th day. Slight occipital headache in a.m. F.

8th day. Occipital headache worse; cross and forgetful. F.

Frontal headache pressing outwards. J.c.

9th day. Dull occipital headache towards evening. F.

Giddiness with sensation as if brain were so strongly pressing forward that it was hard work to stand up. J.c.

10th day. Dull frontal headache in the afternoon at intervals, extending back to occiput. F.

11th day. Dull occipital headache at 10.30 p.m., lasting a few minutes. F.

Sharp cutting pains in various parts of head. J.c.

12th day. More headache than usual in a.m.; sometimes in frontal, at others in occipital and left temporal regions; 1.30 p.m., more decidedly in left auricular and temporal regions; passes away 4 p.m. F.

13th day. Slight occipital headache at noon. 1.30 p.m., left temporal headache. F.

Dizziness coming on suddenly, like a wave from occiput to sinciput, so that he nearly fell forward. J.a.

14th day. 1.30 p.m., pain in occiput. F.

21st day. Giddiness and nausea daily till to-day. J.c.

\* \* \* \* \*

Outward pressure appears to be the most marked characteristic of the senecio head pains. Hale mentions "catarrhal headache, or from suppressed secretions," as having clinical authority.

### EYES.

5th day. Sharp pain in left eye from within outwards, lachrymation on going into open air. J.c.

9th day. Sharp shooting from within outwards in eyes. J.c.

Dark rings under eyes all day. F.

10th day. Eyes burn at times, dark rings continue. F.

14th day. Yellow streak on eyeballs extending from canthus to iris, dark circles disappearing, eyelids heavy in the morning. F.

16th day. Yellow streak still exists in eye, circles gone. F.

### EARS.

10th and 11th days. Dull headache in left ear about 2 p.m. F.

12th day. Earache in left ear lasting about half an hour at 8 a.m., repeated at 1 p.m. F.

Tenderness in front of left ear. J.a.

14th day. Aching in left ear at 11 a.m. F.

\* \* \* \* \*

It is worthy of note that the ear symptoms of J.a. and F. are coincident with catarrhal symptoms in the nose and throat.

### NOSE AND THROAT.

1st day. At noon, dryness of nostrils with dull stupefying headache and inclination to sneeze, and in evening moisture of nostrils. S.i.

Abundant secretion in nostrils and trachea, frequent hawking of white transparent mucus. J.b.

2nd day. Catarrh; chilly and sensitive to cold air. J.b.

Hoarseness, fulness in nostrils, sense of smell acute, sensitive to cold. J.c.

5th day. Tightness in throat, which he tried to relieve by swallowing. J.c.

Quasi-globus hystericus (*sic*) (in male). J.c.

Catarrh; chilly and sensitive to cold air. J.b.

7th day. Nasal and tracheal catarrh. J.c.

9th day. Nose very dry and feels stiff. F.

10th day. Sense of fulness in nostrils. J.a.

Normal secretion gone, throat dry. F.

11th day. Throat very dry in the morning, with a short return of normal secretions. F.

12th day. Sense of ball in stomach rising up into throat (in male). J.a.

Normal secretions return and are very much increased; in the morning, throat filled with mucus, some cough early in the morning. F.

18th day. Excessive secretion in nostrils and trachea, frequent hawking of white transparent mucus. J.a.

\* \* \* \* \*

Catarrh of mucous membranes is one of the strong points of senecio. Cures of nasal catarrh of the severe American type are cited by Hale in his *New Remedies*. Here, as elsewhere, he insists upon the similarity between pulsatilla and senecio, but the nasal discharge of the former drug, "thick, muco-purulent, yellowish or yellowish-green, and not excoriating in the least," does not correspond at all closely with the pathogenetic symptoms of the latter. The alternation between dryness and excessive discharge are rather reminiscent of nux vomica and the bichromate of potash. The coincident headache makes the resemblance to nux very marked; senecio, however, belongs to a later stage of catarrh.

#### RESPIRATORY.

1st day. Abundant secretion in nostrils and trachea; frequent hawking of white tenacious mucus. J.b.

2nd day. He breathed as if fatigued. S.i.

7th day. Nasal and tracheal catarrh. J.c.

10th day. Sharp pain in diaphragm. J.a.

11th day. Occasional sharp pain through either lung in the evening. F.

12th day. Hot flashes of pain through the lungs in the morning; great feeling of compression about the lungs. F.

13th day. Excessive secretion in nostrils and trachea ; frequent hawking of white tenacious mucus. J.a.

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Senecio has gained some reputation in the States for lung troubles. See Dr. Thomas Irish's account of his own case as quoted by Hale (*New Remedies*, vol. ii., 748), where a recurrent hæmoptysis with "lung fever" (? phthisis) yielded many times to the drug during eleven years. Farrington (*Clinical Mat. Med.*, p. 281) mentions the drug for cases where suppression of the menstrual flow is followed by cough with bloody expectoration. Hale also gives the case of a lady in her climacteric who had, after missing two periods, "cough, at first dry, then loose, with copious expectoration of yellowish, thick, sweet mucus, often streaked with blood, attended with a sensation of rawness and soreness in the chest, the paroxysms of coughing severe and exhausting." Senecio 1x was promptly curative. This lady had redness of the cheeks in the afternoon, also a symptom of F. These clinical symptoms of senecio *plus* the cough and hæmoptysis make it worthy of a thought in hectic.

#### FACE.

1st day. Face was pale and looked depressed. S.i.

10th day. Red spot in centre of each cheek during the morning ; at mid-day muscles of the mouth feel like twitching. F.

11th day. Sharp cutting pains in various parts of face. J.c.

12th day. Red spot in right cheek from 12 to 1 ; from 3 to 4 left cheek hot and flushed, right cheek cold with red spot in centre. F.

13th day. Darting lancinating pain in left face. J.a.

#### MOUTH AND TONGUE.

1st day. Dryness of mouth and fauces, lips hot and feverish ; tongue dry and slightly coated. S.i.

2nd day. Dryness of mouth and throat. S.ii.

Lips and gums pale. J.c.

5th day. Sharp shifting stitches in lower jaw. J.c.

9th day. Mouth and tongue dry towards evening and night, tongue covered with white coating, no thirst. F.

10th day. Mouth and tongue dry, no thirst, saliva scant and sticky, tongue covered with white coating, teeth feel slimy, all symptoms relieved toward evening. F.

11th day. Mouth very dry and tongue cleaner. Early part of the afternoon saliva returns, dryness about 5 p.m., better in the evening. F.

12th day. Mouth dry and hot during the morning, better toward evening, ulceration on the gums. F.

13th day. Condition improving. F.

14th day. Teeth very tender. J.a.

Mouth and lips parched in the morning, tongue coated very badly. F.

15th day. Teeth still tender. J.a.

Slight dryness of mouth and tongue in the morning. F.

21st day. Teeth still tender. J.a.

#### ABDOMEN AND STOOLS.

1st day. Uneasiness about stomach, nausea, loss of appetite, rumbling of wind in abdomen, and sensation as if bowels would move. S.i.

2nd day. Copious diarrhoea in morning with great debility, prostration and severe pain in small of back. S.i.

Nausea and weariness for several hours. S.ii.

Flatulence with colic. J.b.

On rising, nausea and yawning. J.c.

Sharp pain in epigastric region. J.c.

3rd day. Nausea on rising. J.c.

Stool of hard lumps mixed with yellow mucus. J.c.

4th day. Stitches in hypochondria. J.b.

Slightly nervous, with some aversion to food. F.

5th day. Some colic and watery diarrhoea. J.a.

Pain before morning stool, centering at umbilicus and radiating in every direction. J.c.

Occasional nausea. J.c.

Nervous, with some aversion to food. F.

6th day. Griping, relieved by thin watery stools in evening and at night. J.a.

Colic in morning and evening. J.c.

Stools, morning and evening, thinner than usual. J.c.

8th day. Eructations of sour gas in the morning. J.c.

All symptoms increased except nausea. F.

9th day. Colic and diarrhoea still, with fever in the afternoon. J.a.

Sour eructations. F.

No appetite, aversion to all food. F.

10th day. Colic and watery stool, much flatulence.  
J.a.

Aversion to all food, especially anything sweet. F.

11th day. Less aversion to food, yet not hungry. F.

12th day. Sense as of ball in stomach rising up into  
throat. J.a.

No appetite for breakfast, some nausea in the morning,  
breath bad in the morning, much gas expelled from the  
stomach during morning, no appetite during day. F.

13th day. Nausea. J.a.

Stomach empty and feels faint as meal-time approaches,  
but not hungry; stomach feels full after eating very  
little. F.

14th day. Stool contained blood and there was  
tenesmus with it [in the same patient who the preceding  
day reports hardness and swelling of prostate]. J.a.

Hungry for breakfast and dinner, felt full after a few  
mouthsful, cannot eat sweets or drink coffee, though fond  
of both. F.

15th day. Hungry for breakfast and dinner, has the  
same full feeling, but can eat more than the day  
previous. F.

16th day. Ate heartily. F.

18th day. Appetite returned in full. F.

\* \* \* \* \*

Hale mentions the morning vomiting of pregnancy as  
having been cured by senecio: the symptoms of F. give  
him some countenance from the pathogenetic side.

If the symptoms of Si. and Sii., who both started with  
comparatively large doses, are, perhaps, due to efforts at  
elimination, those of J., who increased his doses gradually  
and developed his symptoms slowly, are free from that  
suspicion. He seems to have developed colitis of a  
catarrhal type, independently of the rectal irritation  
which followed his prostatic symptoms. Accordingly,  
Hale mentions cures of catarrhal diarrhoea and dysentery.

#### URINARY ORGANS.

1st day. Urinated several times during night. Urine  
void of sediment and inodorous. S.ii.

2nd day. Copious flow of urine tinged with blood;  
urging to urinate, with tenesmus of bladder in morning.

Later, chilliness followed by urging to urinate, the urine tinged with blood. S.i.

Urging to micturate with uncomfortable heat in neck of bladder and slight pains in renal region. S.ii.

Urine only 24 ozs. and high coloured. J.c.

3rd day. Passed urine frequently for 24 hours (after ceasing drug). S.ii.

Urine 20 ozs., high coloured. J.c.

4th day. Scantier urine than usual. J.a.

Increased flow of urine. J.b.

5th day. Urine 20 ozs., high (? coloured), though he had drunk much water. J.c.

6th day. Urine 8 ozs., high (? coloured). J.c.

7th day. Urine 12 ozs., high (? coloured), sp. gr. 1.035. J.c.

9th day. Urine 12 ozs., high (? coloured) sp. gr. 1.030. J.c.

Frequent inclination to urinate afternoon. F.

10th day. Urine 10 ozs., sp. gr. 1.038. J.c.

Frequent desire to urinate, desire increases as the day advances, urine passes freely in the afternoon, urethra inflamed. F.

11th day. Desire to urinate very frequent, but can control it better. F.

12th day. Micturition less frequent than on preceding day (two days after ceasing drug). F.

13th day. Urine excessive. J.a.

Almost natural (three days after ceasing drug). F.

14th day. Urine had become of normal quantity, but sp. gr. continued high (three days after ceasing drug). J.c.

Desire more frequent, no pain or discomfort (four days after ceasing drug). F.

\* \* \* \* \*

Neither in the provings of senecio or the records of clinical experience is there any plain word concerning the composition of the urine. The urine of C.i. doubtless contained albumen, since it was tinged with blood, but the blood was probably vesical in origin. Hale hazards the statement that the drug "will palliate, if not cure, Bright's disease." He cites two cases of renal pain in men, the urine scanty (in one case bloody) and high coloured. There was considerable arterial excitement, constipation, some fever, and a great output of



urates. The exhibition of senecio was followed by a fall of pulse tension (?) and a cessation of pain. These may be cases of either acute nephritis or of renal colic. In another case in which the urine gave a blackish sediment of broken-down corpuscles, the same medicine did nothing, but terebinthina cured. There is here an *hiatus valde deflendus*. Dr. Small says (Hale, vol. ii., 745), "It will cure nausea attendant on renal derangement and renal colic." Two cases in women with scanty urine and general œdema (one had a large abdominal ascites, congestion of the cervix and albuminous leucorrhœa) were cured by senecio.

The vesical symptoms are more definite and closely resemble those of aconite.

#### BACK.

1st day. Pain in back and loins. S.i.

2nd day. Dull pain in left lumbar region. J.c

7th day. Tired feeling in loins. J.c.

8th day. Still lumbar fatigue. J.c.

10th day. Backache in the lumbar region when sitting still a long time, worse during the afternoon. During the evening, pain in dorsal region and under the left shoulder blade, pain in lumbar region when lying down. F.

11th day. Backache in dorsal region at 7 p.m.; 10 p.m., muscles ache under the right shoulder blade, slight pain in lumbar region after lying down. F.

12th day. Backache in dorsal region, extending into the sides, in the morning, lasting about an hour; shooting pains across the back at intervals, worse in the afternoon, and cover the whole dorsal region; pains last several hours, and feel hot. F.

13th day. Sharp lancinating pain in lumbar region. Pain in dorsal region when in an upright position which extends between the shoulder blades. F.

14th day. Hot ache in dorsal region, made worse when sitting any time. F.

#### UPPER EXTREMITIES.

5th day. Sharp shifting stitches in shoulders and forearms. J.c.

9th day. Hands cold and clammy. F.

10th day. Hands trembling from nervousness, hands cold and clammy, wants to bite finger nails. F.

11th day. Hands very cold in the morning, warmer in evening. F.

12th day. Hands cold, with hot pains shooting through the arms in the morning. F.

#### LOWER EXTREMITIES.

2nd day. Weariness in lower extremities and rheumatic pains in joints. S.i.

Sharp pains shooting down sciatics for a few minutes. J.c.

10th day. Constant desire to keep the feet in motion when sitting; feet feel cold when still. F.

11th day. Feet cold most of the day. F.

12th day. Feet cold, pain in the legs at 8.30 (? p.m.). F.

13th day. Feet slightly cold, they feel tired in the morning. F.

#### PULSE AND TEMPERATURE.

(No date.) Slightly elevated, pulse reached 104, temperature reached 99.8°. F.

#### GENERAL SYMPTOMS.

1st day. Restlessness and wakefulness. S.i.

Restless up to midnight. Copious warm perspiration toward morning. S.ii.

2nd day. Inclination to lie down, great weariness and general malaise; disposition to perspire. S.i.

Chilliness before noon, followed by fever and perspiration, with moderate thirst; nausea and weariness for several hours. S.ii.

Sensitive to cold. S.i.

3rd day. Great languor, giddiness, thirst and feverishness. J.b.

4th day. Restless sleep, with vivid dreams, sensitive to cold. J.b.

5th day. Yawning, sensitive to cold; general lassitude and thirst. J.c.

6th day. Feverish in afternoon. J.a.

Restless half-sleep, with constant excited dreaming. J.c.

7th day. Great languor. J.c.

8th day. Fever, with colic and diarrhoea after noon. J.a.

Many dreams. J.c.

9th day. Many pleasant dreams J.c.

Body gets warm at intervals, no perspiration, hot flushes day and night; very much depressed, nervous, irritable and cross. Wants to draw a long breath and violently expel it. Bad dreams when asleep. F.

10th day. Body hot, no perspiration, hot flashes, wants to draw a deep breath for relief, body so hot cannot sleep, very restless. F.

11th day. Vivid dreams and frequent waking. J.a.

12th day. Loquacious, wants to keep quiet, a noticeable loss of flesh about the neck and chest during past ten days. F.

13th day. Frequent waking at night, drowsiness all day. J.a.

Often too tired to move for a few minutes, for several days. J.a.

Very tired all the morning, feeling as though sleep had been lost—sleep not refreshing. F.

14th day. Great lack of interest, listless and very weak, no interest in her work, dreamed of being hungry. F.

15th day. Somewhat improved, sleepy, tired and cross. F.

21st day. Cuticle has been dry and nails brittle throughout the proving. J.a.

#### SEXUAL SYSTEM.—MALE.

2nd day. Smarting about fossa navicularis before urinating. J.c.

Before 5th day (date not given). Smarting in left groin. J.a.

11th day. Dull heavy pain in left spermatic cord, moving on to testicle. J.b.

13th day. Prostate gland enlarged, feels hard and tender to touch. J.a.

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The pain in the cord moving on to the testicle, and the enlargement of the prostate, remind one of pulsatilla, if the flattened stool of pulsatilla justifies us in inferring an enlarged prostate, as seems probable. Otherwise, senecio stands alone in this latter symptom, which Hale has used in practice. He also gives clinical authority for its use in gonorrhœa and gleet.

## FEMALE.

9th day. Itching of vulva during the evening, also when up during the night and early in the morning, did not interfere any with sleep, irritation passed away when mind was employed; while asleep in the evening dreamed of taking an anæsthetic which did not destroy any sensations, whole sexual system irritated; at night dreamed very vividly that douche was administered by self, no person associated in dreams.

10th day. 2 p.m., profuse flow of mucus from the vagina, this was repeated at 6 p.m., at 12 p.m. and at 3 a.m.; after going to bed cannot sleep, aching in both ovarian regions, knees and ankles ache as though going to menstruate, distress extends downward along thighs and lower legs; could not sleep until 2 a.m., sexual organs nervously irritated, momentary relief by contracting muscles of surrounding parts, thoughts centred on self. [*Ceased taking drug.*]

11th day. Mucous discharges at 10 a.m., at 12.30 p.m.; once in the p.m., and 6 p.m., vulva feels sore and a little chafed; when sitting still any time irritation begins, worse in the evening, seemed feverish, head throbbled, mind does not seem to influence conditions; feels approach of menstrual period from 6 to 7 a.m., passing away leaving irritation, had always felt symptoms of approaching menstruation previous to this time toward evening;\* feels great desire to make effusive demonstrations toward any one of whom she is fond, not particularly the opposite sex; wants sympathy, wants to confide to some one.

12th day. 4 a.m., wakened with great sexual irritation, recklessness, vaginal canal full of discharge, labia swollen, prickly feeling about the genitals, irritation is exasperating, has no will power to lessen it; cheeks flushed, hands and feet cold, feet were cold in bed, cross and very irritable; thoughts centred on self but not of a sexual nature; after being up one half hour, conditions were relieved somewhat, laid down at 5 a.m., all symptoms returned again but not so aggravated as before; was awakened at 6 a.m., with symptoms all relieved, moisture about vagina, with soreness about ovarian

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\* Probably meaning that the symptoms of an approaching period had, up to the time of proving, been confined to the evening hours.

region ; during day, continued itching and burning about labia and vagina, which passed away about 5 p.m., backache in right dorsal region ; retired at 10 p.m., slight return of irritation which was easily controlled, slept all night, confused dreams.

13th day. In early morning when partially awake has an impression of uterine irritation, slight irritation develops which disappears upon arising, great lassitude and sleepiness, eyelids heavy, nervousness passing away ; 2 p.m., conscious of some sexual irritation which was followed by an orgasm, aggravating all previous symptoms, went to sleep at 4 p.m., orgasm on awakening unaccompanied by any irritation, symptoms of menstruation in pelvic region ; slight irritation upon retiring which does not prevent sleep, is awakened frequently through the night with intense sexual irritations, which continued during the afternoon, better in p.m.

14th day. P.M., had two attacks of irritation which were followed by orgasms ; no irritation upon retiring but it returned slightly for a few minutes when lying down ; awakened at 1.30 with great aggravation of symptoms for a few minutes.

15th day. Very little irritation throughout the day except when sitting still, slight burning about the vulva during evening ; feeling of approaching menstruation, slight pain in ovarian region.

16th day. 11 a.m., feeling of menstruation.

17th day. Menstruating, two days early, pain less than usual and not lasting as long, flow very scant lasting only two days, followed by excessive leucorrhœa, yellow and thick in appearance, slightly streaked with blood, continuing until the seventh day, with dull pains in the pelvic region.

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Though the proving by F. is the first on a woman, senecio has a great gynæcological reputation, especially in America, where the plant is popularly known as the Female Regulator, or Squaw-weed ; its Indian name, Uncum, is said to have a like significance. The new proving certainly goes some way to endorse the previous suggestions of Indian use and eclectic experience.

The cold feet, followed by an early period, have a distinct likeness to the symptoms of *calcareæ carbonica*.

Paine considers senecin (presumably the extracted

active principle) useful in regulating the menses both as to time and quantity. He uses it alike in amenorrhœa, dysmenorrhœa and menorrhagia, claiming that it is "no matter in which direction the scale may be turned, if we can but restore and equalise the functional activity of the parts we shall effect a cure." Hale prefers to see a primary effect of senecin in frequent and profuse menstruation, while he regards scanty and irregular periods as secondary. All agree that it should be used in the intermenstrual period.

Sleeplessness at the climacteric has yielded to the drug. Of its efficacy in the outlying effects of disturbed menstruation and in *emesis gravidarum* earlier mention has been made.

Some of the symptoms of F. give promise of help in gonorrhœa of the female.

## REVIEWS.

*Essentials of Homœopathic Materia Medica and Homœopathic Pharmacy: being a Quiz Compend.* By W. A. DEWEY, M.D. Third edition, revised and enlarged. Philadelphia: Boericke & Tafel. 1899. Pages 876. Price \$1.75.

THE prosperity of a quiz compend lies in the taste of the individual reader. For our own part we cannot say that the printed page on this method leaps to the eye with any enthusiasm of welcome. It is difficult to see what class of readers is likely to be attracted by it; but that such a class exists, and that it is no small one, is clear from the speedy appearance of the present work in its third edition.

One of the chief drawbacks of catechetical instruction in books is that it allows little room for nicety of statement or the just consideration of the many questions in which there is ample room for a divergence of opinion. For example, the demand "give five reasons why the alternation of remedies is a reprehensible practice" does not open the whole question of alternation to intelligent discussion. To take another example, the question "What is curative medicine?" is answered by "This field is exclusively occupied by homœopathy." The strict simplicity of the reply is admirable, but it can only be truthfully used by persons of strictly limited view. It appears also that the space occupied by the questions might be more usefully applied, especially in a small work, to information. Thus, "severe after-pains" are given as the only indication for *xanthoxylum*, while "complete absence

of sexual desire, impotence, atonic spermatorrhœa and morning diarrhœa " are given as "the only use to which we put nuphar"; a very short study of the provings suggests a much wider sphere for the drug.

While we cannot regard this book as satisfying the demands of the best school of homœopathic learning, we regard it as one which has a field of usefulness for the student who is anxious to pick up a rough idea of the lines upon which he may wisely commence a systematic study of drugs, and it will supply him with filaments upon which crystals may deposit themselves in the systematic study of drug pathogenesis. The differentiation of similarly acting drugs is often well stated, and the remarks as to the family likeness of drugs in the same natural order are often suggestive. Quiz compends have yet to make their way among English readers, but "people who like this kind of book will like this book very much."

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*Natural Ventilation.* A reprint from the *Building News* of May 26th, 1899.

WE have received a copy of this pamphlet, which is interesting as containing some statement of the arguments for and against "up-draught" and "down-draught" ventilation respectively. It contains also an illustration of Boyle's patent Bactolite, a clever contrivance by which air extracted by up-draught from the wards of a hospital may be passed through one or more layers of glowing asbestos, and so disinfected before reaching the outer air. The system involved has the advantage of Dr. J. W. Hayward's approval and adoption in his recent work on hospital construction and ventilation.

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## NOTABILIA.

### DRUG STUDIES.

WE are pleased to be able to announce that in our next issue we shall begin a series of drug studies which will appear month by month. The opening study will be upon Aloe, from the pen of Dr. Dyce Brown, Consulting Physician of the London Homœopathic Hospital.

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### NAPHTHALIN POISONING.

ZANGERLE (*Therap. Monats.*, February, 1899) met with a case of naphthalin poisoning in his clinic at Marburg. A boy, age 12, came home one evening with symptoms which closely resembled alcoholic poisoning. The father was certainly of

opinion that his child was "drunk." The patient was semi-conscious, his gait resembled that of a drunken man, he was unable to answer questions. The history of the case showed that no alcohol had been taken, but that a school friend had given him two "bonbons," which subsequently proved to be the cause of his illness. An emetic was given by the parents, which acted promptly. The next morning the author was called to see the boy, who appeared to be in a drowsy condition, but was quite conscious; there was no vomiting, and the appetite had partly returned. The pulse was regular and full, the reflexes were lively, and there was no sign of paralysis or incontinence of urine, also no discolouration of urine. The vomiting had so successfully cleared the child's stomach, that it was thought unnecessary to give any medicine. The drowsy condition continued during the next four days, and then complete recovery took place. Another boy had taken one "bonbon," and had suffered from very similar symptoms, only in a less severe form. The offending sugar plums were called "naphthalin camphor tablets;" they were white in appearance, resembling lumps of sugar. They were sold as moth destroyers. In the textbooks naphthalin is spoken of as a harmless drug occasionally causing pain in the epigastrium and eczema. The tablets were handed over to Professor Meyer to analyse. He found that each tablet contained 2 grams of pure naphthalin; there was no phenol or camphor present. Experiments on animals showed that naphthalin produced inco-ordination and partial paralysis when given to frogs; the reflexes were not lost. A rabbit weighing 2 kilos. was given from 4 to 5 grams in water; nothing particular happened until 25 hours had elapsed, when the animal suddenly died from paralysis of the nerve centres; the pulse continued to beat for a short time after respiration had ceased. A cat swallowed 4 grams of naphthalin in emulsion form. In an hour and a-half the hind limbs became ataxic, and swaying movements of the entire body were noticed, even when the animal was at rest. Attacks of sneezing set in, evidently brought on by nasal irritation; the animal made repeated attempts to remove the source of irritation by rubbing his nose. In two hours time the inco-ordination had become more marked, and slight twitching movements were noticed in the facial muscles. Saliva flowed freely from the mouth. After four hours vomiting occurred. The cat died during the night. No pathological lesions were found. A few cases of naphthalin poisoning have been reported.—*British Medical Journal*, August 5th.



### POISONING BY RESORCIN.

THE *British Medical Journal* for July 29th, quotes a case in which a girl of five was accidentally poisoned by the use of 1 gramme of resorcin given in an intestinal irrigation for gastro-enteritis. She shortly became pale, was covered with clammy perspiration, and retraction of the head with muscular stiffness occurred. Unconsciousness and absence of pulse supervened. The urine was dark green and albuminous. The child recovered under vigorous stimulation but convalescence was not established under a week. The chemical relation between carbolic acid and resorcin gives an interest to this involuntary proving.

### RAPIDLY FATAL POISONING BY NUX VOMICA.

In the *British Medical Journal* for July 1st, Dr. Lancelot Hale reports a case of poisoning by nux vomica, in which a woman had swallowed 6 drachms of the new pharmacopœial tincture by mistake, equivalent to three-quarters of a grain of strychnia. Dilatation of the pupils was an unusual symptom, and it is interesting to note in this connection that two doses of one-eighth of a grain of apomorphine failed to cause emesis. Death occurred two hours after the poison was taken.

### ANTIPYRIN POISONING.

UNEXPECTED results from the exhibition of antipyrin are far from rare. A curious case is mentioned of a child (*Deut. Med. Woch.*) in whom a dose of 1 gramme was followed by a rigor and a rise of temperature to 104°. Dr. Grant on three occasions took the same drug with various untoward symptoms; on the third occasion his temperature rose and the heart's action was increased in force. Mr. Blakeney reports the sufferings of his wife in the *British Medical Journal* (July 8th) as follows:—"On April 21st last, my wife, aged 27, being otherwise in perfect health, complained of slight, nervous headache, unaccompanied by dyspeptic symptoms. To relieve her I gave 10 grs. of antipyrin in an ounce of water. The draught was scarcely swallowed when she began to complain of acute discomfort in the abdomen, together with a burning sensation in the mouth and throat. This was followed in about five minutes by severe emesis, with much retching. I administered hot water (about half a pint) without delay, but she found much difficulty in swallowing it, owing to the extraordinarily rapid swelling of her lips and cheeks, which quickly spread all over the face, almost closing the eyes; collapse followed the sickness, the pulse becoming imperceptible at the wrist. The patient was placed in the horizontal

position and revived by the aid of ammonia inhalation, only to faint a second time, the recovery from which faint took nearly half-an-hour. Previous to this occasion she had never fainted. She was then put to bed, suffering from severe intestinal pain, which was relieved by brandy and hot bottles. Soon afterwards she fell asleep, and awoke fairly comfortable, except for the irritation occasioned by urticaria that spread all over the body and the discomfort caused by the swelling of the lips and face. The next morning the patient's condition was almost normal, except for the oedema of the face, which gradually subsided during the three following days.

#### POISONING BY PERMANGANATE OF POTASH.

A WELL-RECORDED case of poisoning by this drug is given by Dr. Box in the *Lancet* of August 12th. A woman of very intemperate habits took a handful of crystals in a teacupful of beer. She vomited on her way to the hospital, and arrived pale, conscious, but unable to speak. There was great swelling of the almost black tongue, dry skin, and pulse of moderate frequency and tension. When she sat upright the breathing became stridorous. Death occurred very suddenly 85 minutes after taking the poison, the faint sounds of a slowly acting heart being audible for a few minutes after respiration had ceased. A post-mortem revealed some slight oedema of the glottis and exceedingly firm contraction of the hypertrophied left ventricle. The lungs were deeply congested and oedematous. "The stomach was moderately distended, and showed no signs of inflammation externally. It contained about two pints of fluid, with which was mingled a black insoluble powder and some parchment-like masses. The latter were probably portions of food. The gastric mucosa was coated with a black granular powder, which was closely adherent to it and could not be washed off. On scraping away the incrustation the mucous membrane was found to be intensely hyperæmic, presenting a bright pink blush. The destructive action of the salt was evidently very superficial." There was some hyperæmia, but no incrustation of the duodenal mucous membrane.

The whole article may be studied with interest as a pendant to Dr. Allen's heroic provings in the *Cyclopædia of Drug Pathogenesis* (vol. iii., p. 55 *et seq.*).

#### A CURIOUS RESULT OF WORKING SATINWOOD.

WE have recently learned, says the *Cabinet Maker and Art Furnisher* of an extremely curious state of things brought about in a London factory where a large quantity of satinwood

furniture has been in course of manufacture, and have thought it might be worth while to publish a brief account of the facts, as some of our readers may have had similar experiences, and might be able to give some explanation of the reason of them. The case in question is simply this:—The satinwood referred to—East and West Indian—was supplied to the manufacturer for conversion into certain articles of furniture. After working it for some little time, all the craftsmen through whose hands it had to pass became subject to a curious and most uncomfortable affection of the skin, which has developed into a disease closely resembling eczema in appearance and effects. This has revealed itself upon all exposed parts of the body, and, in one instance, the mouth and throat of the worker have become seriously affected. Where hats or caps have been worn at work, the portions of the heads so protected have escaped, though the faces and necks of the wearers have broken out in the manner indicated. That this skin affection is actually caused in some manner by the satinwood appears to be proved conclusively by the fact that men in the same factories who have not had to work it are absolutely free from the trouble. Doctors who have been consulted on the subject are either unable or disinclined to give any explanation of the why and wherefore, and if any of our readers could do so, we are sure that correspondence from them would prove to be most interesting.—*The Timber Trades Journal*, September 9, 1899.

### SINS OF OMISSION.

Dr. ARNDT, of San Diego, California, has a powerful paper on "Our Neglect of *Materia Medica* and the Duty of the Profession in Reference to it" in the *Pacific Coast Journal of Homœopathy*. After stating that the homœopaths "staked their entire reputation as a body of medical men, even to a justification of their very existence as a separate organisation, upon a number of propositions which are fundamental, far reaching and capable of demonstration," he traces the work of Professor Joerg, of Joslyn, Neidhardt, Dunham, Hering and Lippe, to the time of Hale and his *New Provings*. In spite of the many efforts made to ensure a continuation of such work, Dr. Arndt recognises that the field of drug proving during, at least, the last twenty years has been allowed to lie barren. He contrasts this lethargy with the energy of the dominant school in drug-experimentation, "the domain which we had practically pre-empted," and continues:—

"It is thus seen that a striking change has taken place in the relation of the schools of medicine to the study of pharmacology and *materia medica*. The homœopathic school

which set forth fixed lines of action and was the first to insist upon the making, and did first make, carefully conducted proving of drugs upon the healthy, has practically ceased to follow the lines it laid out and has practically abandoned active work. The dominant school, which ridiculed the proving of drugs and which has ever placed more confidence in preventive medicine and in the mechanical treatment of disease, has unconsciously adopted many of our methods and during the last twenty years has done an amount of original work in pharmacology which challenges our admiration and shames our pretences of special interest in, and knowledge of, drugs.

"It is beyond doubt true that the undue preponderance during the last two decades of surgery over medicine and the startling growth of specialties in medicine, constantly narrowing the field of the general practitioner and lessening his resources, has much to do with this remarkable loss of interest in drugs (for it is the general practitioner who chiefly relies upon drugs in the treatment of disease), but this applies alike to all schools of medicine, showing conclusively that our own lack of energy is either an expression of that temporary inactivity which is bound to follow a long continued and great effort, or is simply an indication of a failure of vital energy and scientific interest on our part. Be that as it may, we cannot deny that the results must be the same in either case. There is no condition of rest in bodies like ours. We *must* move, forward or backward. Which shall it be? In answering this question let us not forget that a backward movement, a retrogression, means neither more nor less than extinction. Extinction of the *organisation* known as the "homœopathic" school need not of itself be a calamity; but if it be granted that this organisation still represents important scientific principles of which it is both the guardian and the only demonstrator—principles of which the medical world would again lose sight were it not for our own attitude in relation to them—must we not admit that our dogged inactivity, our unwillingness to continue the work we have voluntarily assumed, shows us lacking in good sense, faithfulness, and even honesty?

"It is, indeed, a serious reflection upon us, upon you and me, individually and collectively, upon our good sense and upon our loyalty to duty, that the thousands upon thousands of pages annually printed in our journals and society transactions contain articles upon every possible subject save new work in pharmacology and clinical medicine. Our position would be less humiliating had we accomplished startling results as to original work in any of these directions. But

granting what may certainly be claimed for ourselves, that our surgeons, our operating gynæcologists, our specialists stand shoulder to shoulder with the men doing similar work in other schools, we are yet forced to admit that those who actually lead the professional world as surgeons and specialists do not belong to our own household. *We* at one time led the medical world as students of drugs and of their action; we led so efficiently that we kept far in advance of all other schools, and the world acknowledged our leadership. Why are we about to abandon the only field of labour in which we have shown originality and especial ability, save that, as we fancy, 'there is no money in it'?

"I have just finished a five-years study of our work in the field of actual practice. What authorities of our own have I been able to consult in the ætiology of disease, in morbid anatomy, in pathology, in physical diagnosis, in preventive medicine, etc., with the assurance of finding in them some fact not already previously pointed out by writers of the dominant school? Where have I been able to find proof of the assertion constantly made by many of our own people that the so-called auxiliary measures are of small merit as compared with the indicated homœopathic remedy? Where have I been able, *on a large scale*, to materially improve indications of remedies furnished a hundred years ago? I have in exceptional cases only been able to add some remedy a knowledge of whose usefulness, upon a strictly homœopathic basis, is of recent date. Nay, I am obliged to go further and admit that I have been forced to the conclusion—and that with sickness of heart and dire humiliation—that during the last twenty years we have accomplished very, very little even in the increase of that clinical experience handed down to us from the fathers.

"And modern methods of physical diagnosis, with the more thorough knowledge now had of the essential, characteristic manifestations of disease, absolutely demonstrate the utter worthlessness of much of even that clinical testimony. Take, for instance, the subject of epilepsy. We have recorded an immense amount of clinical testimony to the effect that we can cure this affection homœopathically. I beg to assure you that a careful study of the cases recorded proves nothing of the sort. The fact is that very few of our 'cured' cases can stand the test of strict examination. Our only advantage over the dominant school lies in our sensibly refraining from adding to the horrors of the disease itself the torments of poisoning by powerful drugs; and those of our family who prescribe the bromides and other powerful drugs cannot even lay claim to this negative merit. The same applies to the

serious diseases of the nervous system, to the organic diseases of the kidneys, to diabetes, to all profound organic lesions. Compare our boastful clinical records, our self-assertion, our claims of superiority with the results actually obtained in all but the common acute diseases, and you will be forced, I am fully persuaded, to admit with me that for at least of a quarter of a century we have absolutely done nothing to justify the arrogance of our position. The only possible merit we may claim for ourselves is that such fundamental doctrines and principles of practice as we have inherited from our fathers and which we have not yet quite cast aside, have kept us from 'poisoning' our patients. But the members of the dominant school are rapidly taking a ground which justifies their making the same claim.

"Is there no remedy? Yes; but only one. We must go back to first principles. We must study *materia medica* and *pharmacology* with the patient enthusiasm of the old days. We must make provings of new remedies. We must learn to prescribe homœopathically and abide by its results. We must bring homœopathy up to date. We must keep posted in the work done by our contemporaries of the dominant school, *not* for the sake of imitating it at the expense of homœopathic practice, but for the purpose of *strengthening homœopathy* by the adoption of modern methods and for the purpose of obtaining collateral evidence in our favour. We must make homœopathic clinical medicine yield better results than any yet obtained by other schools. This cannot be done by idle bragging and by collating lying statistics. It can only be accomplished by good, hard, persevering, intelligent work.

"Will you give me one good reason why this State Society has no bureau of drug provings, no prover's union, save unwillingness on part of its members to spend their time and money in work which brings them no return in actual cash? So far as I remember, the only proving presented here of late years is a partial proving of *wyethia*, made under the direction of Dr. Selfridge, sen. Such partial provings, however, do little good. It is only systematic work on a *large* scale, regularly maintained, by which tangible results may be reached. The real difficulty lies in the indifference of the profession at large; and it will be difficult to overcome this indifference. A practical demonstration was had some sixteen or more years ago when the American Institute of Homœopathy established a Board of Directors of Provings, of which I had the honour of being a member, giving them ample authority and pecuniary assistance, and constituting them the final court of appeals in all matters of drug proving within the domain of the national

association. This Board of Directors held many meetings, paying their own expenses, and devised a series of rules under which provings would be absolutely reliable and of the greatest possible value. We furthermore raised money and offered several cash prizes for efficient work done, asking for no results, simply insisting upon careful and honest attempts at drug proving. When I came West not one prize had been won.

"Any provings or re-provings made should be under the direction of a committee appointed for that purpose and serving for a number of years; for work of this sort, to possess permanent value, must be wisely directed and be continuous. Whoever takes membership in such a bureau must in advance register a pledge to carry out instructions given and to abide by the rules established, whether they agree with his judgment or not.

"The following points should by all means be remembered in outlining the plan for the making up of provings:—

"1. No prover must know what drug he is proving.

"2. Drugs must be proved in a large range of potencies or attenuations.

"3 Reports of provings made must contain (a) a history, as to health of the prover, including peculiarities of temperament, habits, sensitiveness to the action of drugs, diseases had in the past, with a full statement as to the rate of pulse, condition of heart, and result of chemical and other examination of urine; (b) the result of physical examinations made during the progress of the proving, with particular reference to symptoms experienced while proving and to their further elucidation by urinary and other analysis.

"4 Crucial tests of the value of provings had must be made by the intelligent use of placebos.

"5. The reports of the experiments must be rendered in consecutive order, so as to keep intact the development of the drug disease from its inception to its culmination."

This, with but slight variation as to the method of conducting new provings, echoes almost *totidem verbis* the cry of those who have the future of homœopathy most at heart on this side of the water also. It is no flattering account of our end of the century, and the mere iteration of our culpability has not so far improved matters. When is something practical to be undertaken to wipe away this reproach?

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#### MORE HOMŒOPATHY DEMANDED.

THE following note on the feeling evinced at the recent great meeting of the American Institute of Homœopathy in

Atlantic City is another example of Anglo-Saxon sympathy: work towards a higher and fuller homœopathy is much in demand here also.

"Not in recent years has there been made apparent a more certain demand that the Institute give greater attention to the work for which it was organised. Primarily, the American Institute of Homœopathy is a defensive body, created because homœopathy was given no place among the studies of the profession of the days in which it was created. Secondly it became an offensive body, whose energies were largely spent in propagating its particular faith. Later it has become more of a so-called scientific body, devoting perhaps more attention to surgery, gynæcology, sanitary science and the other specialties in medicine than to homœopathy itself. It is well that we have attempted to, and have succeeded in keeping pace with the dominant profession in all new discoveries and special branches of our art. Nor would any member wish to retrograde to a degree that carried with it a neglect of any important professional study. But there seems to have been in late years too much of a drifting away from the original purposes of the Institute, and if it can be brought back to those functions without a too material sacrifice of later-day demands there are a great many members who will hail the return with delight. The trend is now toward a better understanding of what homœopathy means and is able to accomplish. Just how this is to be ascertained unless we begin anew and keep up quite continuously our investigations in this direction it is difficult to comprehend. Therefore, a growing tendency is manifested toward the securing of more homœopathic pabulum at future meetings. This spirit was much in evidence at Atlantic City. It took form, to a certain extent, and perhaps by next summer's sessions it will have crystallised into a practical therapeutical revival. Speed the day!"—*Medical Century*, July.

#### THE POISONOUS PROPERTIES OF PURE WATER.

HANS KOEPPE (*Deutsche Med. Wochenschrift*, September 29th, 1898) discusses the effect of drinking chemically pure water, water containing no dissolved salts or gases. Pureness of water in this sense is determined by testing its electrical conductivity; the greater the conductivity the more impure is the water. It is exceedingly difficult to prepare water with a conductivity less than 2.18 on this scale. For comparison it may be said commercial distilled water has a conductivity of over 49, and ordinary spring water of 500 to 600 or more. Now the action of distilled water is well known; it withdraws salts from the tissues, which swell up by imbibition, and is a



dangerous protoplasmic poison. When swallowed it causes a swelling up of the superficial layers of the gastric epithelium, which die and are exfoliated. That washing out of the stomach with distilled water has a bad effect is proved; really pure water would be worse still. A remarkable fact is that waters occur in nature purer than ordinary distilled water. Hence the practical importance of the subject to medicine. Among these is water obtained from clear natural ice, which may therefore cause gastric catarrh and vomiting when given to patients to suck. Artificially-made ice never produces such pure water on melting, and is, therefore, safer. Hence guide books always warn travellers not to drink water from snow, glaciers, or clear mountain torrents, which instead of quenching thirst produce gastritis. The most remarkable instance is that of a spring at Gastein, which has been known for centuries as the "poison spring," and no one will drink its water. Yet no poison has ever been found in it. The simple fact is that the water is purer than distilled water, and, in consequence, has even a more injurious effect. *Medical Times.*

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### A NEW OPERATION FOR THE RADICAL CURE OF HERNIA.

DR. J. J. THOMPSON of Chicago, writing in the *Minneapolis Homœopathic Magazine*, lays down certain maxims on the treatment of hernia, and, after describing the operations for radical cure devised and practised by Mac Ewen, McBurney (of the "tender point") and Bassini, he proceeds to give an account of a combination of the two former which he has himself worked out.

"I make an incision about three inches long, parallel two and one-half inches above Poupart's ligament, extending from above the internal ring to below the external ring. I carry the incision carefully down through the tissues to the sac which I separate from the surrounding tissues and from the cord with the fingers and handle of scalpel or blunt-pointed scissors, being careful not to disturb the cord more than absolutely necessary. I then make sure that the sac is free of all contents, opening it if necessary, to break up any adhesions, otherwise I do not disturb the peritoneum except with the stitches. Having emptied the sac and freed it from all surrounding tissues, I insert from three to five kangaroo tendon sutures through the conjoined tendon, then through the peritoneal sac in two or three places, puckering the sac on the tendon, and then pass the tendon through Poupart's ligament. In this way the same ligatures are made to hold

the sac as a pad against the internal ring and also to close the pillars. The upper and lower angles of the wound are then stitched with kangaroo tendon or silk thread, but the central part of the wound is packed with iodoform gauze, and the wound is allowed to heal by granulation in two or three weeks. I do not stitch the edges of the skin to the muscular tissues as recommended by McBurney, and therefore the healing process advances much more rapidly than in his operation.

“ My claims for this operation are :

“ 1st.—Its simplicity ; any surgeon of ordinary skill ought to be able to perform this operation without danger to his patient.

“ 2nd.—Its efficiency ; having performed this operation now for three years and not having had a relapse or fatal case, I feel justified in assuming that it is a success.

“ I will not tire you by reciting a series of cases, but would like to report two cases which seem to me of special interest.

“ Case I.—Mr. R., aged 56, a patient sent me by Dr. E. E. Gwyne of this city. For a year previous to the operation the patient had been troubled occasionally with an inguinal hernia. The gut would only protrude when the patient assumed certain positions, but as soon as it came through the internal ring it would cause the most intense pain, which was only relieved by resuming the horizontal position and then at times the gut was returned with difficulty. The patient's general health was good, and owing to the tendency to strangulate every time the gut protruded, I determined upon a radical cure. In fact, I believe that the radical operation is the best and safest, and most scientific treatment in most cases of hernia. In this case I returned the hernial sac to the abdomen, using the same ligature with which I stitched together the pillars as puckering strings for the sac to hold it firmly against the inner opening of the internal ring. I then left the wound to heal by granulation, which it did kindly in about three weeks. The patient now has a double wall against any further encroachment of the bowel, and is well pleased in every way with the results of the operation.

“ Case II.—Dr. Troyer, of Memphis, Tenn. About one year ago Dr. Troyer sent for me to come to Memphis to relieve him of an incarcerated hernia. Upon arriving at his home I found the sac to contain both omentum and small intestine, the omental portion being firmly adherent to the walls of the sac, which was crowded well down into the scrotum. The interesting feature in this operation was the fact that Dr. Troyer desired me to operate upon him while he was in a hypnotic state, which I consented to do the more

readily, as I wished to test the efficacy of hypnotism in a major operation. The doctor first placed himself in a state of partial hypnotism, after which an assistant succeeded in keeping him in a subjective state.

"According to his testimony he did not feel the operation in the least, although I was fully forty-five minutes dissecting out the sac, breaking up the adhesions of the omentum, which I found it necessary to remove to the extent of a mass as large as one's fist. I then stitched the sac against the inner ring as suggested above, leaving a goodly portion of the incision to heal by granulation, which the doctor wrote me was accomplished in about two weeks time; the result being perfect in every way. In this case the patient had two attempts at cure by the injection method, both of which only served to aggravate his condition."

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### WHAT IS HOMŒOPATHY?

A LEADING article under this title in the *British Medical Journal* for September 9 naturally leaves the question it raises unanswered. The question, indeed, is only introductory to a facetious discussion on the answers of "certain schoolboys" which give, at least, as much useful information on the subject as our contemporary deems it wise to display. The style is ornamented with quotations from Hegel, an English ballad, and Shakespeare, but the homœopaths are treated with cumbrous and ignorant badinage: as the writer explains, "one can be foolish without being misanthropic." Dr. Dudgeon is alluded to as "the only man among the sectaries of whom we feel inclined to say *Talis cum sis utinam noster esses*." Though they vainly hanker for one of our leading therapeutists, they have not scrupled to take some of our therapeutics. In a paper on *Some of the more Common Forms of Tropical Diseases met with in General Practice in England*, reported in the same issue of the *Journal*, we find Dr. Savat K. Mullick saying "of all the remedies suggested for dysentery none excels ipecacuanha . . . Corrosive sublimate, gr.  $\frac{1}{100}$  every 2 hours, has been tried." Two pretty bits of centenarian homœopathy, though the doses recommended are likely to rob the counsel of its credit. Where did our friends get them from? We fancied that the recent Annual Meeting of the British Medical Association gave its *Journal* something nearer home to consider; but if its writers and subscribers like this sort of thing, we do not complain.

## THE BRITISH MEDICAL ASSOCIATION.

THE *Times* in a leading article on the annual meeting of the Association last month at Portsmouth makes the following commentary upon it:—"The British Medical Association is a society possessing a very large number of members, probably between twelve and thirteen thousand, many of whom, in addition to their membership of the general body, are locally aggregated into 'branches,' which hold annual meetings of their own and form pleasant centres of union for the practitioners of the counties or districts to which they appertain. Such a society, at first sight, would seem to afford an admirable organisation for the purpose of bringing professional knowledge to bear upon public questions; but, by an unfortunate error dating from the very inception of the Association, this purpose has never been fulfilled. Mr. Paul Kruger himself might probably derive some useful hints from the devices by which an apparently representative constitution has been so manipulated as never to represent anything more than the aims of a few wire pullers, with the result that the Association, although its acts and resolutions furnish frequent paragraphs to the general Press, and although it has a journal of its own which forms one of the inducements to join its ranks, has so far never exerted any appreciable influence either upon public opinion or upon the course of legislation in matters affecting either the public health or the rights and privileges of medical practitioners. Its general meeting has usually been captured by speakers of extreme views and of only moderate discretion, by whom resolutions more or less fantastic have been passed and recorded. But there seems some reason to believe that the Association as a whole is becoming weary of the manner in which its corporate action has hitherto been controlled, and that its members generally are likely to obtain more effective command over its proceedings than they have hitherto possessed. After the first or general meeting most of the subsequent ones are held in sections, each of which is devoted to some special branch of medicine or surgery, and is seldom attended by any who are not engaged in the practice of the particular branch concerned. The papers read in these sections are often highly valuable, and are calculated to be eminently instructive to just the persons who do not hear them; but they furnish a supply of material for the Journal for months after they have been delivered, and are read with interest and profit, it may be hoped, by hundreds or even thousands of practitioners. Their true audiences are not those who listen to them when delivered, but those into whose hands they fall for subsequent perusal and study. Besides these, and besides

the address in which the President for the year gives a general retrospect of its discoveries or of its work, it is usual to have special addresses, often of considerable length, on each of the two great divisions of medicine and surgery; and the authors of these addresses may frequently have opportunities of discussing, in an adequate manner, some subject which is of more than ephemeral or merely professional interest."

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### INFILTRATION ANÆSTHESIA.

A LIST of some formidable operations conducted under local anæsthesia by Schleich's method is quoted from the *Wien. Med. Woch.* in the *British Medical Journal* for June 8. The solution employed consisted of cocaine muriate .1 per cent., morphia muriate .02 per cent., sodium chlorate (*sic*) .2 per cent.; and the average quantity used in each operation was between 30 and 40 c. cm.; 19 laparotomies, 36 radical cures of hernia, some with resection of intestine, 8 gastrotomies and several gastro-enterostomies, jejunostomies, cystotomies, &c., were among the operations performed. Out of 181 operations of varying gravity it was only found necessary to resort secondarily to other anæsthetic methods in five instances.

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### THE ARREST OF POST PARTUM HÆMORRHAGE

THE *Medical Times* quotes a new device for the arrest of post partum hæmorrhage, which is simple, cleanly, and efficacious. It consists in seizing the flaccid lips of the os with one or two bullet-forceps and slowly drawing the uterus downward as far as possible. When this has been repeated three or four times hæmorrhage will have ceased, and contraction will be assured. We presume that any vulsellum forceps will serve the purpose.

This method of treatment owes its efficacy to uterine anæmia, in itself a strong stimulant to uterine contraction, which is further subserved by the irritation of the automatic ganglia in the middle layer of the uterus, and by the stretching of the uterine nerves in the broad ligament.

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### "LA CONVEUSE."

In an obstetrical article by Willellia Howe, M.D., in *The Pacific Coast Journal of Homœopathy* for May, entitled "What to do and what not to do," the following counsel is given:—

"See to it that the husband is present if he is in the country and can be gotten at. To witness the labour is just

as near as he will ever come to knowing what the tortures of maternity are. Never mind if he does say he cannot stand it. Why cannot a man endure to witness the pangs of labour when a woman must endure the suffering? The husband never escapes me; but the attempt is often made. Yet I would not have you think that I am finding fault with the 'original plan,' for to woman, and to woman only, is granted the blessed privilege of bringing into the world man, created in the image of his Maker and possessed of an immortal soul."

No instructions are given for the aseptic preparation of the "mere man" before he is introduced to the lying-in chamber. This concerns us the less because in this country he is unlikely to be "gotten at" in this particular way.

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### THE LATE DR. TALBOT.

A MEETING is to be held on Monday, the 30th inst., to commemorate the great services which Dr. Talbot has rendered to the science and art of medicine, and especially in the department of therapeutics, services to which he devoted the whole of his professional career.

To make suitable arrangements for such a meeting, a committee has been appointed representing the Medical Faculty of the University of Boston, and the various medical societies of Boston and the State of Massachusetts, with which he was connected.

The exact details which had been decided on had not reached us at the time of our going to press, but we believe that the meeting will be presided over by the Hon. Winslow Warren, LL.D., the President of the University, and will be addressed by Dr. Conrad Wesselhoeft, Dr. W. Tod Helmuth, Dr. J. H. McClelland, and Col. C. R. Cadman, the Chairman of the Board of Trustees of the Hospital. Letters will also be read from the various societies in foreign countries, of which Dr. Talbot had been an honorary member, and from such friends in Europe as may desire to place on record their sense of Dr. Talbot's invaluable and life-long work in promoting an extension of a knowledge of homoeopathy as the basis of scientific therapeutics.

The proceedings of the meeting will subsequently be published as a memorial volume.

In the buildings of the Medical School of the Boston University it is proposed to place a memorial tablet to the memory of the late Dean.

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### CHLOROFORM EXTERNALLY DURING LABOUR.

DR. ARCHANGELSKY (*Vratch*) says that for several reasons the external application of chloroform to the abdomen in severe and irregular labour pains is superior to chloroform anæsthesia. He employs a mixture of one part of chloroform to two or three parts of olive oil, rubs it in well on the abdomen, and then applies a warm compress. In a very short time the pain is relieved, the contractions become regular and more effective. Its advantages over chloroform anæsthesia are: the patient remains fully conscious, the pulse and the respiration remain good; there are no nausea, no vomiting and no uterine atony.—*Medical Times*, June.

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### BRISTOL HOMŒOPATHIC HOSPITAL AND DISPENSARY.

THE Committee of this Dispensary report an increased activity during 1898, but lack of funds still prevents them from translating the ideal of a hospital into the actual thing: 4,029 patients were seen during the year.

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### BIRMINGHAM AND MIDLAND HOMŒOPATHIC HOSPITAL AND DISPENSARY.

THE report of this Institution for 1898 lies before us. It is gratifying to notice that there is a considerable increase in the number of patients seen, both as in-patients and out-patients, and also as home-patients. The visits made by the House Surgeon amount to 3,588. The governors are contemplating an addition to the hospital of 52 beds, with an operating theatre and accident ward, at a cost of £6,000. Of this they hold already £4,162, but are wisely waiting for the balance before they begin to build.

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### CORRESPONDENCE.

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#### ALLOPATHIC ADOPTION.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—I enclose for the edification of your readers a cutting from a chemist's circular, which, as our decadent neighbours would say, "gives to think" not a little.

Professor Fraser is at least to be commended for his modesty in not announcing himself as the *discoverer* of the medical virtues of kali bich., although from the fact of its inclusion

in an original communication to the International Medical Congress at Rome he virtually leaves it to be inferred that he has placed the suffering world under this obligation.

One wonders not a little as to how he fixed upon his dose, probably by selecting one just short of lethal properties, but he rather gives himself away by hinting that the smaller the dose the better the results.

Doubtless Professor Fraser has other equally brilliant discoveries to startle the medical world with—all in due time.

Yours truly,

A. STODDARD KENNEDY.

Esthonia House, Ealing, W.

### POTASSIUM BICHROMATE CAPSULES ( $\frac{1}{10}$ gr.)

#### AS A REMEDY IN GASTRIC AFFECTIONS.

[Extracts from a paper communicated to the Eleventh International Medical Congress, held in Rome, by Thomas R. Fraser, M.D., LL.D., F.R.S., F.R.C.P., Edinburgh, Professor of Materia Medica and Clinical Medicine in the University of Edinburgh.]

"Having in 1884 treated with gratifying success a case of persistent gastric disorder by the administration of small doses of bichromate of potassium, I have since that time administered it in a large number of cases. The results have been so favourable that I feel myself justified in now stating my opinion of the therapeutic value of the substance, and in briefly recording a number of the cases of gastric disorder in which it was used by me. With a few exceptions, the cases have been those of hospital patients. While such patients gave the best opportunity for determining the effects of medicinal substance, it is not to be overlooked that, in some respects, they are also placed in more favourable conditions for successful treatment than the majority of private patients. In order to simplify the therapeutic problem, the medicinal treatment was, as far as possible, *limited* to the administration of bichromate of potassium. This limitation, however, could not be adhered to in all cases; but only those cases will be described in which the *drug alone* was administered, or with the addition of other remedies, such as purgatives, rendered necessary by the circumstances of the patient, and *unlikely to obscure the effects of the chief remedy*. I have recorded the cases in two groups—the first group comprehending cases of various forms of dyspepsia unassociated with evidence of gastric ulcer; and the second group, cases in which distinctive symptoms of ulcer had been present at some previous time.



GROUP 1.—DYSPEPSIA.

"Case 1. A miner, twenty years of age. Symptoms and duration: anorexia; pain in the stomach fifteen minutes after food, with distension; frequent nausea and occasional vomiting after food, diarrhoea and headache. Tenderness (great) at upper part of epigastrium. These symptoms had been present for five months. Treatment: milk diet; 28th October, bichromate of potassium ( $\frac{1}{10}$  gr.) twice daily till 13th November, and thrice daily till 20th November. Effects and time of production: On 8th November decidedly improved; on 18th on convalescent diet and no symptom present, except slight and brief pain after food, but not if patient remained resting. Discharged cured on 22nd November.

GROUP 2.—GASTRIC ULCERS.

"Case 1. A domestic servant, twenty-seven years of age. Symptoms and duration: Three years and three months ago pain half-an-hour after food, lasting about an hour and a-half, and flatulence. Soon vomiting, the matters later containing blood, but not for some months past; headache and constipation. Symptoms and weakness more urgent latterly. Treatment: 18th April, bichromate of potassium ( $\frac{1}{10}$  gr.) thrice daily; Carlsbad salts every morning; milk diet. Effects and time of production: On 25th April no longer an nausea or vomiting, and pain after food less severe and of shorter duration. On 8th May all gastric symptoms had disappeared and light diet was taken. She remained in hospital for another fortnight, and when dismissed was taking almost ordinary diet, and had gained one stone in weight.

"While the doses administered in the above cases have varied from  $\frac{1}{10}$  gr. to  $\frac{1}{4}$  gr. (from 0.005 to 0.01 gramme) thrice daily, it will be observed that in the *greatest number of the cases the smallest of these doses was administered, and was found sufficient*. The dose should be given during fasting and in as empty a condition of the stomach as possible. The administration was effected in the form of pill or solution; and *no difficulty was experienced by the patient in the taking of a simple solution in water*, although occasionally, and especially with the larger doses, flavouring agents were added, such as syrup of tolu or of orange. An examination of these records shows that bichromate of potassium is capable of relieving, and often in a short time of removing, the entire group of symptoms—if we except constipation and anæmia—encountered in dyspepsia, and especially pain, nausea, vomiting, and gastric tenderness."

[The italics throughout are our correspondent's.—Ed.]

## NOTICES TO CORRESPONDENTS.

\* \* *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, Thursdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Thursdays, 9 A.M.

We are asked to announce that there is a vacancy for a Clinical Assistant to the Department for Diseases of Children at the London Homœopathic Hospital. Application should be made to the Secretary.

Dr. EUBULUS WILLIAMS has removed from 2, Beaufort Road to 1, Lansdown Place, Victoria Square. Clifton.

Communications have been received from Dr. ROBERSON DAY, Dr. MACNISH, Mr. KNOX SHAW (London); Dr. KENNEDY (Ealing); Dr. KRAFT (Cleveland, Ohio); Mr. SAMUEL ROBINSON (Handsworth); Dr. EUBULUS WILLIAMS.

## BOOKS RECEIVED.

- Essentials of Homœopathic Materia Medica.* (Boericke & Tafel.)  
*The Homœopathic World.* September. London.  
*The Chemist and Druggist.* September. London.  
*The Vaccination Enquirer.* September. London.  
*The Calcutta Journal of Medicine.* April.  
*The Tasmanian Homœopathic Journal.* August. Hobart.  
*The Hahnemannian Monthly.* September. Philadelphia.  
*The Homœopathic Envoy.* September. Lancaster, Pa.  
*The Medical Era.* August. Chicago.  
*The Clinique.* August. Chicago.  
*The Hahnemannian Advocate.* August. Chicago.  
*The Minneapolis Homœopathic Magazine.* August.  
*The Pacific Coast Journal of Homœopathy.* August. San Diego.  
*The American Medical Monthly.* August. Baltimore.  
*The Medical Brief.* September. St. Louis.  
*The North American Journal of Homœopathy.* August. New York.  
*The Medical Times.* September. New York.  
*The Homœopathic Eye, Ear and Throat Journal.* September and October. New York.  
*The Medical Century.* September. New York.  
*Revista Omiopatica.* July and August. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEAVEY, 178, Haverstock Hill, N.W.; or to Dr. WILKINSON, 3, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GOULD & SONS, Limited, 69, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.



### VITALITY.

It were too much to expect that every succeeding President of the British Association should find subject-matter for his address, so compelling of attention alike from the scientist in conclave and from "that exemplar of acquaintance without knowledge, the general reader," as that chosen by Sir WILLIAM CROOKE last year. The future of cereals and the boundary line between physics and psychics appealed at once both to the lowest and the highest planes of the intellectual being; the "phrenological centres" for alimentativeness and for ideation were both interested.

But, though failing of such popular themes as these, the address of Sir MICHAEL FOSTER, at Dover, on the 13th September, has struck some notes which attract attention for the time and suggest matter for after-thought. It may well be that centenary comparison will before long become a weariness, but it offered to Sir MICHAEL an opportunity for measuring the progress of science very convincingly; the more so since he was content to avoid a mere catalogue of achievement, but preferred to trace the inevitable evolution of the scientific spirit in the period of which he treated. In considering the attributes of this spirit, he emphasises three qualities

which are originally necessary and are largely developed in scientific research. The first is sympathy with the truthfulness of Nature which involves observance of her differentiations; "if he (the worker) in carelessness or in disdain, overlooks the minute differences which she holds out to him as a signal to guide him in his search, the projecting tip, as it were, of some buried treasure, he is bound to go astray, and the more strenuously he struggles on, the farther will he find himself from his true goal." The second is alertness of mind, and the third the courage of perseverance. In possessing these qualities, Sir MICHAEL FOSTER insists, "the men of science have no peculiar virtues, no special powers. They are ordinary men. their characters are common, even commonplace. Science, as HUXLEY said, is organised common sense, and men of science are common men, drilled in the ways of common sense. For their life has this feature. Though in themselves they are no stronger, no better, than other men, they possess a strength which, as I urged just now, is not their own, but is that of the science whose servants they are." He points out the essential humility of the truly scientific spirit, and passes on to claim a large place for science in the curriculum of mental training.

To follow the address throughout is a tempting and by no means unprofitable task; but we find it our duty to confine our attention to a part of it which strikes us as needing to be either qualified or explained. The passage we allude to is as follows: "The philosopher of 1799, when he discussed the functions of the animal or of the plant involving chemical changes, was fain for the most part, as were his predecessors in the century before, to have recourse to such vague terms as 'fermentation' and the like. To-day our treatises on physiology are largely made up of precise and exact expositions of the play of physical agencies and chemical bodies in the living organism. He made use of the words 'vital force' or 'vital principle' not as an occasional, but as a common explanation of the phenomena of the living body. During the present century, specially during its latter half, the idea embodied in those words has been driven away from one seat after another. If we use it now when we are dealing with the chemical and physical events of life, we use it with

reluctance, as a *deus ex machinâ* to be appealed to only when everything else has failed."

If the meaning which Sir MICHAEL FOSTER seeks to convey is simply that the difference between the impressions connoted by the terms "vital force" or "vital principle" in the years 1799 and 1899 respectively is a measure of the advance of biological research in the century which those years embrace, then we can accept his remark as a truism: it amounts only to a statement that the distance covered from the confines of a country towards its capital is so much ground gained in a journey to the latter. If, on the other hand, he is hinting that these terms (always and confessedly used as expressing the mentally uncomprehended) cover only something which science in her further victorious march is to prove illusory and non-existent (and the expression *deus ex machinâ* gives some little colour to such an interpretation). then we take leave to dissent.

In 1813, half-way through the first quarter of that century which the President of the British Association surveys, one wrote as follows:

"What life is can only be known empirically from its phenomena and manifestations, but no conception of it can be formed by any metaphysical speculations *a priori*; what life is, in its actual essential nature, can never be ascertained or even guessed at by mortals.

"To the explanation of human life (as also of its two-fold conditions, health and disease), the principles by which we explain other phenomena are quite inapplicable. With nought in the world can we compare it save with itself alone; neither with a piece of clockwork, nor with a hydraulic machine, nor with chemical processes, nor with decompositions and recompositions of gases, nor yet with a galvanic battery, in short, with nothing destitute of life. Human nature is in *no respect* regulated by purely physical laws which only obtain among inorganic substances. The material substances of which the human organism is composed no longer follow, in this vital combination, the laws to which material substances in the inanimate condition are subject; they are regulated by the laws peculiar to vitality alone, they are themselves animated and vitalised just as the whole system is animated and vitalised. Here a nameless fundamental power reigns omnipotent, which abrogates all the tendency of the component parts of the body to obey the laws of gravitation, of momentum, of the *vis inertiae*, of fermentation, of putrefaction,

&c., and brings them under the wonderful laws of life alone, in other words, maintains them in the condition of *sensibility* and *activity* necessary to the preservation of the living whole, a condition almost spiritually dynamic."

We need offer no apology for a quotation which after the lapse of many years appears almost prophetic in its anticipation of the later tendencies of biological research. The inherent vitality of the individual cell is stated with a precision which would satisfy the author of *Man—an Organic Community*. There is indeed little which calls for alteration to make HAHNEMANN's words aptly expressive of the *locus standi* occupied by the most advanced biologist of to-day. Abandon the homocentric idea (justified in a writer concerning himself solely with the human aspect of physiology as applied to therapeutics) and the necessary alteration is completed. Let us observe in passing that the writer does not deny the action and reaction of chemical and physical forces, in the organism. He maintains only that they are the *modus operandi* of a still undiscovered vitality which directs and controls them in its own interest.

Now, this, as we have said, is the very position of the modern natural scientist; and though eighty-six years of strenuous research have passed since these words were written, the "vital force" still remains the object of the pilgrimage of science. Every important contribution to our knowledge of physiology strengthens (as Dr. MOIR, President of the Homœopathic Congress for this year, pointed out very forcibly) the practical and unimpugned hypothesis of Vitalism. It is an error in terminology to say that "the *idea* embodied in those words" (vital force and vital principle) "has been driven away from one seat after another," because we have recognised in "the chemical and physical events of life" some of the mechanism by which that "force" and "principle" conducts its operations. The work of the test-tube and the microscope, the ultimate analyses of chemistry and histology, leave us further and further away from the successful synthesis of a FRANKENSTEIN. It may be that HAHNEMANN is correct in his surmise, which only "the last syllable of recorded time" can establish, that "what life is, in its actual essential nature, can never be ascertained or guessed at by mortals;" certainly, that we are still, in that regard,

*immortalia mortali sermone notantes* cannot be gainsaid. It may, on the other hand, be that the Jerusalem of the journeys of science, the capital of that land of promise into which every natural philosopher from the days of LUCRETIVS has cast his Pisgah-sights will yet be revealed. In either case, to speak of the term "vital force" as a dramatic subterfuge is unjustified by the state of knowledge and unworthy of the occasion.

A firm belief in the reaction of the vital force to suitable stimuli is essential to a correct aim in scientific medicine; on this account we have thought it well to enter at some length into an examination of a doubtful expression in an otherwise admirable address. Sir MICHAEL FOSTER has won for himself too honourable a place in the scientific world to be lightly suspected of "giving away" the very central point of the science which he has served so well; but the services he has rendered, the position to which they have raised him and the greatness of the occasion upon which he spoke combine to give weight to his words and to expose them to a severity of criticism commensurate to his authority. We cannot help, therefore, deprecating the ambiguity of his diction upon a point of vital importance.

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## STUDIES IN THE MATERIA MEDICA.

### No. I.

By D. DYCE BROWN, M.A., M.D.,

Consulting Physician to the London Homœopathic Hospital.

### ALOE.

*Aloe Socotrina*, Nat. Order *Liliaceæ*.

Preparation:— "The fiery red gum is to be triturated."

Most of the provings were obtained from the mother-tinctures and low dilutions.

In making this "study" I have, as in former similar papers, followed the pathogenesis, as we find it in Allen's *Encyclopædia of the Materia Medica*, which is, as is well known, arranged in the "Schema" form.

Aloe is a very interesting drug, with a comparatively limited action, but in its limited sphere a drug of very marked action, and a remedy of corresponding value in practice. The views of the old school on its sphere of

action are quite correct. In old school *materia medica* we are told that it acts on the liver, the intestines, chiefly the colon and on the rectum, and also on the uterine functions. The use, however, made of it by them is just the reverse, as might be expected, of the homœopathic use of it. The old school employs it as a purgative, and as an emmenagogue, considering it contra-indicated, of course, in the very states in which homœopaths select it as a remedy.

The prover suffers specially and markedly from catarrhal or inflammatory irritation of the whole digestive tract, more particularly the stomach and bowels, but especially in that sphere, the colon, the lower part of it, and the rectum, including also, as might be expected, the liver. He has headaches, dull and aching, with depressed spirits, chilliness and languor. The pharynx is congested, also the larynx, and the trachea, causing cough, dry and irritating, with hoarseness in the morning, followed by expectoration of phlegm. The appetite is at first increased, and then falls off, with bad taste in mouth, flatulence, eructations, pains in the stomach, and nausea. The liver is tender, and pain is felt in the right hypochondriac region, tightness and general uneasiness, and the stools are pale in colour, showing absence or diminution of bile flow. This is the secondary effect, as at first the bile flow is increased. The abdomen becomes tender to touch, there is much griping and cutting pain in it, much flatulence passing downwards, generally offensive, with rumbling and gurgling sounds in the abdomen. Diarrhoea is the prominent symptom, and is of the dysenteric type. The stools are not watery but pappy and pale, mixed with mucus and blood; blood often passing alone. The stool is attended with frequent or constant urging and tenesmus after it, causing renewed desire for stool, which then may be of flatus only, or a small quantity of thin secretion. There is great soreness and burning pain in the rectum, with sometimes inability to retain the faecal matter, especially when micturating. Piles, if present, are aggravated, swollen, very painful and bleeding, and if not previously present may develop *de novo*. There is a general sense of fullness and pressure all round. Urination becomes distressingly frequent, and often with pain and spasm, and the



urine when passing is, as already mentioned, often attended with involuntary rectal secretion. The sexual desire is markedly increased, with emissions in sleep and when awake. In women, menstruation, if absent, is brought on with painful fulness and pressure, and when previously regular comes on too soon, and profusely, with fulness and pressure in the pelvis, and leucorrhœa where none has been before, and increased when present. The pharynx is congested, and the larynx and trachea, causing frequent, dry, hacking cough, and sense of fulness, tightness, uneasy breathing and hoarseness. This is followed by secretion of phlegm. The pulse, at first slow, becomes quick, and the heart's action uneasy, with palpitation and uncomfortable pulsation. All this accompanied by a sense of coldness. Rheumatoid pains are felt in the arms, wrists, and finger-joints, and the feet and toes. The legs feel weak and weary, and aching. The prover sleeps badly, at first cold and chilly, afterwards hot and feverish. Sexual desire is very troublesome at night, and the sleep is besides disturbed by the diarrhœa and frequent micturition. Such a sketch of the proving of aloe points out clearly the cases where it will be required as a remedy. The condition is a remarkable one, almost unique.

I shall now go into more detailed examination of the pathogenesis, taking each region by itself, as in Allen's *Encyclopædia*, endeavouring to elucidate the import and value of the symptoms, absolute and relative, with the therapeutical indications which have been found successful, and others which promise to be of value.

*Mind.*—Here there is nothing important in itself. The symptoms are those we should expect in a case of disorder of the liver and digestive functions, and consist chiefly of mental excitement and depression, irritability, and disinclination for work or exertion.

*Head.*—Aloe produces a considerable amount of headache, not specially characteristic by itself, but such as we would expect to find in liver and bowel disorders. It is chiefly a dull ache, or pressive feeling, or throbbing in the head, generally most marked in the forehead and over the eyes, accompanied sometimes by vertigo and nausea. Therapeutically, it is not a remedy we should select for headache as a specially marked symptom, but

rather bear it in mind as a concomitant of liver and abdominal disorder.

*Eyes.*—So here also. There is aching in the eyes, but only in sympathy with the headache. Thus one prover says: "One is compelled to make the eyes small with pain in the forehead."

*Ears.*—Nothing here of importance.

*Nose.*—The nose gets red, without corresponding redness of the face, and has a sense and feeling of coldness, and with a slight coryza. This is often noticed in intestinal and gastric disorder, and to be remembered only as a symptom of it.

*Face.*—The face looks pale, ill, and sickly, as one would expect in liver and bowel disorder, or, as is often the case, it gets red and flushed, and feels hot. The lips are dry and cracked, or scurfy. All these are sympathetic with the internal disorder, and serve as additional indications for the medicine.

*Mouth.*—The mouth is dry, with disagreeable taste, the tongue feels tender, the edges of the teeth seem sharp, and the teeth are sensitive. The tongue is coated yellowish white, or at times red and dry, but there is increased secretion of saliva. All again sympathetic.

*Throat.*—The throat feels dry and raw in the morning, with swollen feeling, and hawking of thick mucus, and hoarseness in the morning. Empty swallowing is painful, but not as a rule when swallowing food. This corresponds, as is so often the case, with mucous membrane irritation lower down.

*Stomach.*—This organ shows marked signs of irritation; and as with all irritants the primary effect is stimulation; in the case of aloe the appetite is at first increased, sometimes to an abnormal extent, but after this stage the reverse occurs; the appetite fails, and there is thirst with pain and fulness felt over the stomach, bitter eructations, or empty ones, flatulence, nausea, and painful pressure under the sternum. In a German town where the beer was adulterated with aloes, hæmatemesis was "almost endemic" for a time. These symptoms do not seem to me to point out aloe as a remedy for dyspepsia *per se*, but as part of the irritation of the liver and bowels which we shall presently see, and as, when present, further indicating aloe as the remedy.

*Abdomen.*—Here we find marked evidence of the irritative action of the drug on the liver and intestines. There is a constant sense of tightness, fulness, heat, pressure, and aching—dull aching—in the region of the liver, felt in all positions, but worse on standing. This sometimes extends across to the left hypochondrium, but it is chiefly in the liver region. The abdomen becomes painful, and tender on pressure; there are constant or frequent griping cutting pains, with diarrhœa, the griping cutting, being felt before, during, and after the stool. With this there is distention, much flatulence, “gurgling and swashing,” rumbling. If the flatus passes it relieves for a time, and is usually offensive, though not always so, and hot. A female prover said the griping was like that preceding menstruation. The griping, cutting pain, and the sensitiveness of the abdomen to touch, are very characteristic of aloë. A sense of “weakness in the abdomen, as if diarrhœa would result,” is complained of, though the diarrhœa may not come on at once; or a sense of heaviness and weight in the lower abdomen. All these symptoms are accompanied by diarrhœa. The therapeutics of this condition we reserve till after the next section, as they are parts of a whole.

*Stool and Anus.*—Under this head, we find the most interesting and characteristic symptoms of aloë. The most important sphere of action of this drug next to those of the liver and small intestines, is the large bowel and the rectum. One might almost say it is the key to its pathogenesis. There are 210 symptoms recorded in this sphere, not separate ones, but recorded by all provers so markedly and strongly, and repeatedly, as to show clearly the nature of its action. Except in a few cases, when constipation occurs, diarrhœa is present. It is not a watery stool, or seldom so, but a soft pappy motion, of a light yellow colour; frequent, and mixed with blood and mucus in many provings, and at times there are discharges of pure blood. The pain accompanying these motions is characteristic. There is great heat and burning in the rectum, always a marked symptom, sticking or cutting pains in the anus, tenesmus, with desire to go again, though nothing but mucus and flatus may come, with soreness, and inclination on that account to keep it back. If there are hæmorrhoids

they are much increased, bleeding, and more painful, while hæmorrhoids appear where they had not done so before. There is sense of weight and fulness in the lower abdomen and rectum, sometimes with a feeling as if a plug were wedged in between the pubes and coccyx. The diarrhœa often comes on early in the morning or during the night, with painful urging desire. On micturition, a small stool passes semi-involuntarily, or if it does not come, a feeling is present as if it would. The same occurs when passing flatus. The stool is sometimes quite involuntary, urine and stool passing together. At times the stool comes after each meal. The number of times these symptoms, in different expressions, occur, is quite remarkable. In several instances the stool is spoken of as "sputtering," that is, a gush of the stool and flatus mixed.

*Therapeutics.*—The above provings of the stomach, abdomen, and rectum, clearly show the case calling for the use of aloë. There is a general inflammatory catarrh of the whole digestive tract. The patient will have no appetite, he will have coated tongue, bad taste, pain in stomach, and even hæmatemesis. The liver is involved, with pain in its region, and fulness and tightness, and yellow stools. There is griping, cutting pain in the abdomen, with gurgling of flatus, and tenderness on pressure, showing the involvement of the small intestines, while the most marked irritation is seen in the large bowel and rectum. There the pain is intense, the diarrhœa being of the dysenteric type, yellow, pappy, bloody, the blood being mixed with the stool or coming separately, and "mucousy," with hot burning sensation in the rectum, constant desire and urging, and with flatus; worse at night and in the early morning, with involuntary passage of mucus and stool while micturating, and with great sense of weight and fulness of the parts. The patient will also have dull headaches, languor, and depression of spirits. As a remedy it is not nearly so much used as it ought to be. Next to *mercurius corrosivus*, which it resembles in many points, it is the most valuable medicine we have in (1) dysentery and dysenteric diarrhœa. (2) After the diarrhœa has practically ceased, and there remains a soreness, and heat in the rectum, with constant or frequent desire for stool, which is with difficulty resisted, it will at times act like a

charm. (3) In general acute or sub-acute catarrh of the whole digestive tract, when the main stress seems to fall on the colon and rectum, involving the liver also, but when the stool is not watery, but pappy, mucousy and bloody; and especially when there are hæmorrhoids present and painful. In such cases aloe in the 2x and 3x dilution is of the greatest service. (4) In the treatment of hæmorrhoids, when there is sluggish liver and digestion, with burning soreness *after stool* at the anus and in the rectum, with bleeding, even though there is no diarrhœa, aloe is very helpful, and might be more used than it is.

*Urinary Organs.*—Here there is marked irritation. There is very frequent urging to micturate, night and day, with burning pain in the act. The urine is high-coloured, and often with sediment, probably lithates. It seems to me that this vesical and urethral irritation is not primary but secondary, in sympathy with rectal pain and disturbance. Hence I would not suggest aloe as a remedy in bladder trouble *per se*, but only as more indicating the drug as a remedy when the symptoms coincided with the diarrhœa and rectal pain. The character of the urine is just such as one would expect in such cases.

*Sexual Organs.*—In the male there is marked increase of sexual desire, with emissions, even in the day. This is, no doubt, sympathetic with the general congestion and irritation of the neighbouring parts. Aloe might be useful in such a state of sexual excitement, when the rectum was irritable, or when piles are present. In the female the action of aloe is very decided. Owing to the congestion of the neighbouring organs, and the fulness of blood there, women complain of fulness and weight, and pressing down in the pelvis. The menstruation comes on too soon, and is too copious; and aloe has caused menstruation to appear in the early months of nursing, and in girls the subjects of amenorrhœa; in these cases, accompanied with pain; leucorrhœa is increased. In the old school aloe is given in full doses to produce menstruation when scanty or irregular. Homœopathically, aloe is indicated in menorrhagia, and metrorrhagia when accompanied by venous engorgement of the pelvic organs, sense of fulness, and down-bearing, and when associated with sluggish liver, piles, and rectal irritation, and is

very useful in such states; also in leucorrhœa when associated with similar conditions of the digestive organs.

*Respiratory apparatus.*—One would expect when so much mucous membrane irritation in the digestive tract is produced, the throat, pharynx, larynx and trachea would show signs of inflammatory irritation; and so it is in aloe. There is a scraping, raw pain felt in the larynx, with hoarseness in the morning, and dry, hacking or tickling cough, and a sense of soreness in the throat. After a time mucous expectoration follows. Even whistling and embarrassed breathing is complained of, evidently from the larynx and trachea. These symptoms would not of themselves lead one to use aloe in pharyngo-tracheal catarrh, but when present with the gastro-intestinal condition would more clearly indicate the homœopathicity of aloe to the case.

*Heart and Pulse.*—Pains in the precordial region, with palpitation and uneasy pulsation, are complained of. The pulse is first slow, with sense of coldness, but afterwards a sense of feverishness and quick pulse follows. These symptoms are evidently sympathetic with the disturbance in the stomach, liver, and bowels.

*Chest.*—The symptoms here are only external—stitching pains in various parts—of no importance in themselves.

*Neck and Back.*—There are various pains in neck and back, which seem of spinal neuralgic type, but not of such special importance as to call for any remark. Sacral pains, and weariness in that region are felt, seemingly in connection with the rectal troubles.

*Upper Extremities.*—Various pains are felt in the arms, and in all the joints, more or less, chiefly in wrists, hands, and fingers, which sound rheumatic, but their import is not very clear. One curious symptom is noted as having occurred "many times"—"a sensation as if a hair lay on the back of the hand, also on the back of the fingers."

*Lower Extremities.*—The legs feel weary and heavy. Aching pains about the hips and thighs, probably in sympathy with the diarrhœa. Aching and drawing pains are complained of in the foot and toes, as if rheumatic.

*Skin.*—Nothing of importance here.

*Fever.*—There is a general chilliness, shivering, or coldness prominently felt, evidently in sympathy with the diarrhoea and intestinal catarrh, followed in many cases by a feverish heat.

*Sleep and Dreams.*—There is a tired, sleepy feeling in the evening, with, on going to bed, wakefulness or restlessness, uneasy sleep, which is disturbed by desire for micturition or stool. Sexual excitement with emissions figure prominently in the proving, both during sleep and when awake at night. This latter condition was noted under the heading of sexual organs. Therapeutically, aloë might be kept in view as a remedy in abnormal sexual excitement, accompanied by piles and rectal irritation, and it has been found useful in such cases.

Such is the pathogenesis of this interesting drug, one that is not employed so often as it ought to be. For most of the therapeutical indications already named, I have found it a remedy of great value, much resembling in its action *mercurius corrosivus*.

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## DISEASES OF THE STOMACH.

By DR. MACNISH, M.A., M.B., C.M. Edin.

Assistant Physician to the London Homœopathic Hospital.

WITHIN the past few years the subject of the diseases of the stomach has undergone a radical change. Text books a few years old are for practical purposes quite useless. This change is in great part due to the use of the stomach tube. In the diagnosis and treatment of diseases of the stomach the stomach tube is as essential as the stethoscope is in diseases of the heart and lungs. By the systematic use of the tube gastric diseases have been removed from the region of imagination and mystery to the region of practical medicine. Correct diagnosis, capable of verification and proof, with accurate examination of the progress of the treatment, is now the rule in a large number of diseases of the stomach in the hands of any careful and patient observer.

Firstly, it is important to remember that the presence of a stomach is not absolutely essential to life. The stomach has lately been shown not to be an essential organ of the human body. For practical and clinical

purposes the diseases of the stomach may be classified as acute and chronic catarrh, hyperchloridia, gastric ulcer, carcinoma and neurotic disease. At one time the majority of these diseases was embraced under the term chronic catarrh, but now it is possible to distinguish the different diseases and to do so without the aid of subjective symptoms. This we largely owe to the use of the stomach tube. Every practitioner is familiar with the stomach tube and trained in its use. Still it is important to remember that there are certain states of the stomach in which its use is not only unjustifiable, but even culpable. Firstly, in a case where there is gastric ulcer and hæmorrhage has occurred recently. In a chronic case where there has been no hæmorrhage for some weeks a very soft tube could be safely passed, if done cautiously and without causing any rapid alteration in the internal pressure in the stomach. Cases of aneurism of the aorta and adjacent vessels must be carefully excluded. If, as sometimes happens, the patient faint, it is advisable after a short interval to make one more attempt, and if this fail, then to abstain from its use. There is no more important advice than the classic one: Don't be in a hurry. With a little tact and patience even the most sensitive and obstinate mucous membrane will permit the passage of the tube.

As our diagnosis and treatment depend on the systematic treatment of the tube, it is advisable to take every suitable opportunity in practising the process, and when no patients are available, try it on yourself, a procedure which will give you a most invaluable idea of the sensations of the patient and a practical sympathy with his feelings.

The difficult part in the process is the entrance to the œsophagus. This is the real difficulty. When the tube reaches this part ask the patient to take a deep breath or to try and swallow the tube, when you will invariably find the tube glides easily and comfortably into the stomach.

In the examination of a patient it is unnecessary to lay down any definite mode. Each physician usually has a method of his own which he finds most suitable to his theories of disease and treatment. The external examination of the body, especially the abdomen and relations of the stomach, are too well and fully described



in all our modern text-books to weary you with a repetition. It is most essential in every case, however trivial it may appear, to examine the abdomen and lower bowel. In the generality of cases nothing abnormal is found, but there is sometimes an odd case where you succeed in discovering some abnormal condition which has escaped the attention of the patient, and most probably of his previous medical attendant. It is also important to obtain an accurate account of the diet, and it is a good plan to ask the patient to give you his dietary for the preceding day.

As a grain of fact is of more value than tons of theory, clinical cases illustrating the different diseases will as far as possible be described. The first clinical case is one of the simplest as regards diagnosis and treatment, and will be used to give a general idea of the method of examination.

A. B., male, æt 30, of good physique, and looking the picture of health, complained of pain after food, and most especially after dinner. This pain had existed intermittently for about one year. It was situated in the epigastric and left hypochondriac regions, in character dull and pressing, and usually came on two hours after food. Otherwise, the patient said, he was quite well. There was neither nausea, vomiting, heart-burn, or waterbrash. The bowels acted regularly, though occasionally there were slight attacks of diarrhoea for a few hours, especially in the morning. There was a slight feeling of distension. His diet was the ordinary mixed diet. He had no dislikes, and suffered equally from any diet. Special dieting, he said, rather increased than diminished his discomfort. Patient had no pain in back, no palpitation, and was gaining rather than losing flesh. His previous history was good. On examination nothing abnormal was detected in chest or abdomen. His tongue was free from fur; there were slight gingivitis and slight granular pharyngitis. The stomach was not dilated. The reflexes were slightly increased. Patient never suffered from headaches.

Patient was asked to take a test meal next morning—viz., two cups of weak tea and a roll of bread. Two hours afterwards the tube was passed and the contents withdrawn and measured.

This case is easily diagnosed ; still, it is an interesting one. It is the first stage of a gastric trouble, which we usually encounter in its secondary or later stages. Immediate relief is usually obtained by a soda-mint tabloid or some alkaline mixture, which his favourite chemist supplies. The patient usually carries his tabloids with him ; in fact, he says he cannot do without them, and, what is more, will not do without them. Such patients are usually men of good mental and physical vigour, active and energetic, and often very restless—must always be doing something. Rarely do we encounter cases so early in this gastric disease.

*Examination of Gastric Contents.*

The mode to be described later :—

Amount 50 c.c.

Reaction acid : No mucus.

No butyric acid.

Free Hcl. present.

Total acidity, 96.

Hcl.	{	Total,	·394.
		Free,	·0659.
		Combined,	·2585.

Salts, ·073.

Volatile acid, ·0288.

Digestion, 5', 13', 15'.

From this list, hyperchloridia is at once diagnosed.

This comprises the diagnosis which was made from the symptoms of the patient. Patient secretes an excess of acid. A free, generous diet was prescribed ; alkaline mixtures and tabloids prohibited. Acid muriaticum 1, one drop before meals was prescribed. Patient, after an interval of a week, reports himself free from his gastric symptoms. One year afterwards patient reported himself quite free from gastric discomfort.

This case is described fully, as such often is the preliminary stage of grave gastric disease. In gastric diseases it is usually easier to prevent than to cure. No physician can fail to diagnose such a case, or to prescribe the necessary cure. Excessive gastric secretion when left untreated, or especially if maltreated by alkaline remedies, tends to set up a gastric catarrh and weakening of the muscular fibres—motor inactivity.

Fermentation, especially butyric, occurs with its concomitants, discomfort and sinking feelings, which are usually relieved by the use of stimulants. The discharge of quantities of foul gastric secretion into the bowels at irregular intervals sets up colic and diarrhœa, which are usually checked by the use of opiates and astringents.

Mentally, the patient becomes depressed and irritable, incapable of any prolonged mental or physical strain. Continuous worry combined with this constant irritation of the mucous membrane tends to the development of malignant disease. Any patient, say, over 45 years of age, who has been a chronic dyspeptic, and who suddenly develops acute pain in the abdomen or sudden vomiting, must be carefully examined for malignant disease, and this possibility must always be considered during the treatment of this condition.

(*To be continued.*)

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## ON SALPINGITIS: SOME OF ITS CLINICAL FEATURES, ITS PROGRESS AND TREATMENT;

*Illustrated by Typical Cases.\**

By EDWIN A. NEATBY, M.D.

Assistant Physician for Diseases of Women, London Homœopathic  
Hospital.

As a pathological condition, inflammation of the Fallopian tubes, in any of its various degrees, stages or forms, is capable of being mentally isolated. But it is a cardinal point in the consideration of the subject that, clinically speaking, it does not exist as a separate entity. Apart from accompanying conditions of the uterus, or the peritoneum, it does not reveal itself to either patient or doctor by any objective or subjective signs at present recognised. Salpingitis is a conveniently short term to include a variety of inflammatory states of the uterine appendages, including in the last expression, the tubes, the ovaries and their serous coverings. Perhaps, salpingo-öophoro-peritonitis might be comprehensive, but it is hardly euphonious or manageable;

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we will therefore adopt the single word salpingitis as covering the fields already mentioned.

Let us consider first the simplest cases, passing on, in an ascending series, to those more severe and more complicated. The earliest recognisable cases may be spoken of as catarrhal salpingitis. In a paper read before a sister society—which paper (unfortunately for me) was lost—I have spoken of this condition as the “pre-objective stage of tubal disease.” Though it may form the first stage in any individual case, it may happily constitute the whole of the illness, for at this stage the malady may be cured—either by art or by nature. All the instances of this kind are due to an influence or poison of a mild kind; virulent septic cases pass through this stage (if at all) so rapidly and with symptoms so severe that they do not come under this heading for notice. A lady affording a typical instance of this class of cases was under my care about four years ago. After two miscarriages, at short intervals, she began to suffer from sudden periodic attacks of pain in the lower part of the abdomen. These attacks occurred at varying intervals, and were attended with great hypo-gastric tenderness, slight pyrexia, the temperature never rising above  $101^{\circ}$ , and frequently being even less. Sometimes vomiting occurred, constipation was usual, occasionally bladder symptoms were complained of, and there was generally slight heat in one fornix—always on the same side—and some tenderness. On two occasions the attacks came on almost immediately after the patient had been walking in the damp garden with thin slippers. At other times no probable cause could be traced. These attacks lasted over a period of about a year and a half. Their duration varied from a week to a couple of days. On one occasion I thought I felt some inflammatory deposit, but this did not last long. Cases of this kind are very difficult to distinguish from mild appendicitis, for in each the subjective symptoms predominate. In each they are due to evanescent localised peritonitis and not to the lesion of the organ originally affected. The locality of the pain and tenderness forms the chief differentiating element, and, if the right tube is affected or the appendix be low down, the difference here is insignificant. The patient in the case narrated has recovered

permanently (as far as time permits us to use this word), but she has also remained permanently sterile. Whether the catarrhal condition of the tube has been subdued by treatment or not I cannot say; the tube or tubes may have been closed by the disease without any serious adhesions being formed. This would account for the "cure" and the sterility at the same time. In another case, where a somewhat similar series of attacks took place in association with endometritis, the very usual symptom of menorrhagia was present. This lady's series of attacks was concluded by one of exceptional severity, since which time conception has not occurred, although previously she had borne children at very short intervals. It is only fair, however, to say that this patient was nearing the menopause, being nearly 40 years of age, while the former patient was only 35. The sufferers from catarrhal salpingitis are not always married, as were the two women referred to. Single women get attacks of a similar nature, as was the case of C. E., a girl of 20, sent to me at the London Homœopathic Hospital by Mr. Knox Shaw. Her symptoms included irregular, too frequent, menstruation with pain. It is generally taught that salpingitis in the virgin is due to tuberculosis, but unless the grounds upon which I have based a clinical diagnosis are faulty, my own experience would leave me to believe that such is not universally the case. Virginal endometritis is a recognised condition. It has been shown by Paul Mundé of New York that the virgin endometrium is more often affected in this manner than is supposed, as evidenced by discharge from the uterus, patulous os, and pouting of the hypertrophied mucous membrane. Indeed it would be easy to quote cases of this kind from the out-patient records of our hospital, for I find in my index of cases that out of the cases diagnosed as endometritis, several were in single women. But this threatens too wide a digression. I have alluded to the subject only to show the *a priori* probability of virginal non-tuberculous salpingitis, tubal inflammation commonly being an extension from a diseased uterine lining. If, then, a non-tuberculous virginal endometritis is granted, a similar salpingitis is eminently probable. We can only speak of probabilities, for it seldom happens that this clinical condition comes to the operating table or

the post mortem room. Before we pass on to objective conditions, there are one or two other points to be remembered. In one case which was under my observation, I at first overlooked the nature of the illness on account of the chief symptoms being distant ones. The pain may be referred to the epigastrium or the hepatic region. In the event of recurrences of such attacks, the possibility of a pelvic source must be borne in mind. Increased menstrual flow is not uncommonly present, but increased pain is not a necessary concomitant. Associated bladder and bowel symptoms are rare, and, if present at all, are only temporary. The anatomical explanation of this is that adhesions are absent or inconsiderable. The patency of the abdominal ostium accounts for the recurrences, and its closure may terminate the attacks.

In another place I have summarised thus:—

(a.) The pre-objective stage is only diagnosable by the recurring peritonitis.

(b.) Repeated attacks of peritonitis may occur during the pre-objective stage.

(c.) The objective stage begins only when peritonitis has closed the abdominal extremity of the tubes.

(d.) This closure of the tubes may be nature's method of terminating the attacks.

(e.) In the pre-objective and early objective stages, remedies may effect a cure. In the late stages, removal of the appendages is the radical cure.

The case of Mrs. F. (162 H.) æt. 31, forms a stepping stone to the more pronouncedly objective stages of salpingitis. Her history, a somewhat typical one, is as follows: She presented herself in the out-patient department in Nov., 1897, stating that since her first child she had suffered from pain in the left groin going through to the hip, and also from "bearing-down" pain. These pains had been worse since her second confinement three years before, which was "followed by flooding and inflammation." At intervals of two or three months she had attacks of pain in the lower abdomen and pelvis, which kept her in bed from seven to fourteen days. Her own words were that she "was never able to keep up long together." The iliac pain was constant and was increased by lying on the right side. She complained also of menstrual pain, situated in the hips, sacral region

and legs as far as the calf, which began about one week before the flow and attained its maximum on the first and second days. The flow had been lessening in quantity since she was curetted at another metropolitan hospital twelve months before. This feature is an unusual one, menstruation being much oftener in excess and irregular, with a tendency to frequency. This symptom would indicate a certain amount of uterine cirrhosis. Dyspareunia was also present. In addition to these pelvic symptoms, she had bad nights on account of pain, she was losing flesh, and digested her food badly.

A physical examination of the pelvic organs showed the uterus to be drawn toward the left. Hence the dragging when the woman lay on her right side. The left ovary was tender to touch, and was situated between the uterus and the pelvic left wall, and a swelling was felt close by which was taken for a dilated tube. Moving the uterus caused pain. The patient continued under medicinal treatment until December, 1898. During this time there were many fluctuations, both in the subjective symptoms and the pelvic signs. Sometimes the tube was felt, sometimes it was not; the sensitiveness to touch also varied greatly. At one time we thought this woman would escape an operation. But in October and November, 1898, she was evidently worse; the notes say she was on one occasion "in bed one whole day and part of six others, and with vomiting every day." In November the pain was more constant than it had been even when she first came, and her household duties were much interfered with. In December the uterine appendages were removed by the abdominal route. There were light adhesions between the appendages, the uterus and the broad ligament; the tubes were much reddened and thickened, especially the left, which was closed, but not noticeably dilated. Here the salpingitis had been chiefly interstitial.

Her recovery from the operation was easy, and after a sojourn at the sea, she returned fairly strong and much relieved from pain.

Another series of symptoms is brought out in the case of Helena P., æt. 29, who came in October, 1894, with a diffuse swelling behind her uterus, which was best felt per rectum. She stated that leucorrhœa was very

troublesome, and that she had submitted in the previous June to an operation for fissure, but had not obtained relief. Dyschezia, burning, smarting and throbbing, lasting half an hour or more after stool, constipated stool, the passage of pus and mucus, were prominent symptoms. No fissure was discovered. She lost all her dyschezia in about four months under *thlaspi*, *hypericum* and nitric acid. In three years she returned, the bowel trouble still well, but complaining of pain in the left side. The swelling behind the uterus was still present, though smaller and quiescent. Assuming this to have been a dilated tube, the fimbriated end had closed and the whole thing became quiet.

I have satisfied myself in one or two instances that hæmorrhage from the bowel occurring independently of piles, has been due to, or at least associated with, salpingo-peritonitis.

At the risk of being tedious I have ventured to narrate these cases at some length, because collectively they illustrate a large number of the leading features of this protean condition. The origin from the puerperal period, the recurring attacks of fever and pain, the usually irregular and profuse menstruation, the dysmenia—invariably beginning *before* the period, relieved after a time by its occurrence, pain relieved only after prolonged rest, tending gradually to get worse, fluctuations of a marked character, pain aggravated by exertion, jarring (such as 'bus-riding) and by sexual intercourse are notable features. The dyspareunia may be acute at the time, but its characteristic is that it is even more felt afterwards—lasting perhaps until the next day. In one of the narrated cases (Mrs. F.), on the day after coitus a dull sacral aching was felt. In some cases sexual appetite is in abeyance. The symptoms do not correspond in severity with the bulk or grossness of the lesion found when the abdomen is opened. This statement is borne out by the finding in the case of Mrs. F. as compared with two to be related subsequently, where the physical signs were more pronounced and the subjective symptoms much less.

We are now in a position to consider some specialised forms of tubo-peritonitis indistinguishable one from another by the usual clinical methods of diagnosis, but



of much interest pathologically and of much importance clinically. They all have a general history more or less resembling that described already. But the course differs to some extent: the varieties are, (1) Interstitial salpingitis, (2) Hydrosalpinx, (3) Pyo-salpinx.

In the first, as the name implies, the inflammation involves not only the mucous membrane, but the wall of the tube also. This becomes greatly thickened by organised deposit. Cells are poured out which form a dense connective tissue. From my personal experience I am not yet able to form an opinion as to the precise cause of this form of inflammation. It does not occur in the most acute cases whether puerperal or gonorrhœal, but on the other hand, many chronic cases have thinning of the walls of the tubal sac.

The first case of interstitial salpingitis which I operated upon was that of a young woman who had had peritonitis after curetting done elsewhere. It had come on about eight or ten days after the treatment when the patient was leaving hospital. She came under my care in 1895 and proved a most obstinate case, with the usual array of symptoms. The appendages were first removed but many adhesions were left in the pelvis and finally, on account of the persistence of pain, 12 or 18 months later, the uterus was removed by vaginal hysterectomy. This may seem to be an unfortunate maiming of a young woman—but before I saw her the damage was done. She was made sterile by the peritonitis—for the tubes were found thickened and closed, and they contained pus in small quantity. I cannot say what the curetting was done for at the first. When the appendages were once removed, the absence of the uterus was no further detriment. This she promptly proved by getting married and living a happy and useful life. This was a post-operative septic case. The next, I believe to be of gonorrhœal origin, in spite of the patient's view of the cause.

E. M. (95 E.) came to see me first in February, 1896, as an out-patient. She was a married woman with five children, and sought hospital treatment for continuous abdominal pain which prevented her doing her domestic work. Eighteen months previously she hurt herself by falling on a bedstead while hanging up curtains; she was in bed for three months with severe abdominal pain and nausea, and ever since has

had "aching" and "cutting" pain in abdomen, especially in left iliac region. Her general health had previously always been good. Menstruation regular, though rather profuse. No miscarriage, or trouble after confinements. Youngest child, five years old. Dysuria. Examination showed the uterus to be drawn to the left. Tenderness was found on movement of it and slight prolapse on straining; the right ovary was large, tender and prolapsed; both tubes were thickened. Patient remained as an out-patient off and on until November, 1897, nearly two years, during which time her chief symptoms were diarrhœa, sickness, headache, and yellow or brownish offensive vaginal inter-menstrual discharge, also pain in the left side, the latter increasing towards the end of the time.

In September, 1898, the patient was admitted into the hospital for removal of the appendages. The tubes were found to be considerably dilated, the walls much thickened, the ostia closed, and the lumen containing pus. Tubes and ovaries were embedded in dense adhesions from which they were with difficulty dug out. Much interference with the broad ligament was necessary and a hæmatoma followed which was opened three weeks after the original operation. After this, convalescence was quickly established and the patient is now fattening up and is quite strong.

In the case of another lady who came under my observation after curetting by a lady surgeon there was a great amount of peritonitis, chiefly left-sided. Pain and constitutional disturbance were severe, the pulse reaching 120 and a condition simulating pyo-salpinx and rupture into viscera occurred. Both by the bowel and in the urine distinct quantities of "matter" were said by a competent nurse to have been passed. I have no doubt that muco-pus was thus discharged, but I think it was formed in the viscera referred to, through contiguity with the originally inflamed structures. But her recovery was good and as prompt as could be expected—too prompt for fistulous communications to have existed. Four months later there was only a thickened cord-like structure—presumably the Fallopian tube—to be felt.

The term pyo-salpinx is not usually applied to cases where a few drops only of pus can be seen to exude from

the tube when it is cut across. It must be there in bulk to merit this appellation. In this disease the tube is early closed, and the formation of pus continues. It may form rapidly or slowly; the size attained may be only that of one's little finger, or (rarely) the swelling may reach to the umbilicus. I have seen one case of this size. The pus may be thin or thick; its formation may be accompanied by acute fever, pain, rigors, diarrhoea, and other evidences of sepsis; or it may occur entirely apart from any such manifestations and exist only as a "cold abscess." The following case serves to show that apyrexia is not by any means a reliable guide in diagnosis.

E. B. (52 F.), married, aged 24, machinist, first came to me at the out-patient department in May 1896. She is said to have had inflammation two years before. Menstruation was latterly profuse and premature, regular until eighteen years of age. She had a great deal of pain during periods and also for a few days before and after it. There was some dysuria, no dyspareunia but aversion to intercourse.

On examination I found the uterus prolapsed and both ovaries large, tender and prolapsed. There was a roundish swelling felt in the posterior vaginal wall almost in the middle line; it felt tense and was painful. There was no pyrexia. The patient was admitted to hospital in August 1896, for operation. On abdominal section pyo-salpinx was found. One tube was as large as a man's thumb, the other tube and ovary were not removed as they were found to be healthy. Recovery was easy, health was re-established and menstruation normal. On the other hand cases of pyo-salpinx may be among the most difficult to deal with, and most dangerous to comfort, health, and even to life. A collection of pus so close to the peritoneal cavity is always a menace, a veritable sword of Damocles. It may, as you know, find its way into a hollow viscus, or point through the skin in the iliac region, the groin, the ischio-rectal fossa or labium. Pyo-salpinx may form a dangerous complication of fibro-myomata, either through rupture during a confinement, or independently, or by an escape of pus infecting the peritoneum during an operation. I had the misfortune to lose one of my earlier cases of hysterectomy where this complication existed. The

endometrial secretion in some cases of fibroids, from being retained, becomes extremely fœtid, and septic products readily find their way to the tubes.

The ultimate issue of a pyo-salpinx varies. It is believed and taught by Bland Sutton, Pozzi, and others, that a change in the pus takes place, with the result that some of the solid elements become deposited on the wall of the sac, and others, perhaps undergoing fatty change, are absorbed, while a thin, almost clear, fluid is left—a hydro-salpinx. In other instances it becomes inspissated, lime salts are deposited in it, and it becomes a cretaceous deposit, or chalky plates may be found lying in the tube. Analogy would lead us to expect the converse more frequently to occur, but cases are on record where acute attacks have subsided and a hydro-salpinx of a mild nature has been found at a much later date. At present we must accept the view that this is at least possible.

A. B., æt. 27, married two years (842 L. H. H. 1897) is stated to have had an attack of pelvic peritonitis when 18, for which she was treated at "Soho." Menstruation was moderate and frequent; dysmenorrhœa, one day before, relieved by the flow. She has attacks of shooting and burning in the vagina, which she calls "inflammation," and dyspareunia. On examination (May 1897) an irregular large mass is easily felt in her rectum, somewhat globular, but tapering off to the left; size about that of a hen's egg. It is irregular, elastic, immovable with moderate pressure. The fundus, which is retroverted, can be replaced forwards by the sound, which shows it to lie over to left and somewhat backwards. Both tubes were found to be cystic. The right tube was as large as a small orange, and the left as a walnut, and both were full of clear fluid. Only the right ovary was removed, and both tubes were dissected out; this was on October 18th. On December 1st she returned to the out-patient department, looking well and getting about well. The uterus was smaller, no tenderness on examination, no dyspareunia, catamenia regular and moderate, bearing down less.

In the case of Mrs. R. we have an example of a much rarer form of hydro-salpinx, the *hydrops tubæ profluens*. Mrs. R. (C.B. XI) aged 22, married four years, two

children, no miscarriage, had inflammation after first confinement. Menstruation regular every 14 days till marriage, pain one week before and after period. Since marriage periods every month or six weeks. Considerable pain.

Patient says that after coitus there is a copious flow of water, suddenly about 1 to 2 pints escape. This happens every time *i.e.* about once a fortnight. Patient complains of dyspareunia. The uterus descends a little on straining, is forward, tender and drawn to the left. A soft, irregular, and ill-defined swelling was found in the right side and diagnosed as a tube.

Improvement followed treatment, but I unfortunately lost sight of the patient and was unable to follow up her case.

The occurrence of the discharge of this watery fluid, of course, indicates that the uterine end of the tube was open. I have not met with a case before where the quantity was so considerable as this, nor where the flow was usually produced by sexual congress. The anatomical position of the sac or the patient's physiological individuality may account for this exceptional relationship. Usually exertion or straining at stool excite the discharge, or it is simply the increasing distension of the sac which causes pressure enough for the fluid to force its way out. It may happen that it escapes during dressing in the morning from the effort of rising; if it should escape with a sudden gush in considerable quantity it means that the tube has quietly emptied itself into the vagina during the night. The occasional variation in the size of a hydro-salpinx sac, noticed on physical examination, is usually due to slower leaking, or to absorption. I have known, too, small ovarian cysts to vary somewhat in size while under treatment, leading me to diagnose hydro-salpinx. In one case recently, operation demonstrated that the cyst was ovarian.

The shape of these sacs is misleading, it is decidedly more globular than is usual with other tubal sacs. The explanation I offered to myself is that a lower grade of inflammation in these cases allows of thinning of the walls and their distension. Where the adhesions are few and slight, as is very often the case with these thin translucent sacs, the swelling naturally assumes the spherical shape. This view is incompatible with

Bland Sutton's opinion that hydro-salpinx is a later stage of pyo-salpinx, for then the walls would be thick unless the distension were extreme and the adhesions would be dense, constricting and contorting the tube, which would have the well-known sausage shape. Hydro-salpinx is very rarely found in old age; this appears to me an argument against the late pyo-salpinx theory. It is an interesting fact, though of no particular bearing on our subject, that cases of pyo-salpinx occur where the tubal cilia are undestroyed.

Cases are known to us all where women suffer from pelvic pain, with more or less fever, in attacks which are relieved by the free discharge from the vagina of pus, thick, yellow, brown, or reddish, and often offensive from bowel infection. These are not on the same footing as fluent hydro-salpinges, but are abscesses outside the tube, discharging through fistulous openings, and not *per vias naturales*. With equal frequency the pus escapes by the rectum and not seldom by the bladder.

*Etiology.*—A few words as to the causation. Referring first to the mild and to the virginal cases, the question of "taking cold" arises. We talk of taking cold in or on most organs of our bodies, and in many instances with reason. A chill to the surface of the body may produce an answering internal congestion and catarrh somewhere. The determination of the locality affected is often an unknown personal equation. A chill may, for instance, arrest menstruation, endometritis may ensue, probably salpingitis also. I have referred above to attacks of pain following exposure of the feet to cold and damp. But it must not be supposed that these exposures caused the salpingitis; that was present in association with a known endometritis. The cold may have caused a reflex contraction of the muscular tissue of the uterus and tube, expelled a minute quantity of tubal contents of low virulence, and so induced a mild local peritonitis, not sufficient to close the tube.

Another cause is suggested by Balls Headley, a presumptive or theoretical cause only as it seems to me, in the following passage:—

"Endometritis is the usual cause of tubal disease, and in the virginal class it is frequently of an active character. Occurring generally in vigorous sexual

development, and particularly with congenital excessive or deficient size of the mouth, in which marriage has not happened at the required time, unsatisfied desire has produced a chronically congested state of the endometrium, which has advanced to virginal endometritis. The tubes participate in the primary congestion and subsequent septic inflammation, and are unrelieved by satisfied passion or by the rest and vascular diversion induced by pregnancy. Some obstruction to escape is thus produced by the puffed and œdematous mucous lining, particularly where the tube is walled around in the solid muscular tissue of the uterus and accumulation and distension takes place external to the uterus."\*

Sexual excesses have likewise been adduced as a cause of endometritis and salpingitis, but I am not aware that this, apart from septic infection, is proved. For those to whom cervical lacerations stand as a cause of endometritis, they will also be thus indirectly a cause of salpingitis.

Leaving now these doubtful if not hypothetical causes, inducing mild and non-objective conditions, we encounter first, as the great and terribly frequent cause of objective salpingo-oöphoro-peritonitis, PUERPERAL INFECTION. We are here thrown back on the now generally received belief that all these cases involving peritonitis are of septic or bacterial origin. The history of the vast majority of these patients shows their illness to date from a confinement, and if enquired for, an account of some inflammatory attack is generally forthcoming. They do not know they had peritonitis, they may not know they had inflammation, but they often can remember going back to bed with pain and poultices. The acutest form of sepsis produces overwhelming toxic symptoms, local conditions being obscured or having no time to develop. It is the subacute cases, the first week of the puerperium, with pain and tenderness, altered lochia, vesical irritability, moderate pyrexia, possibly slight distension, constipation or diarrhœa; those tedious and often dangerous illnesses which we are discussing as salpingitis, find their starting point in such subacute puerperal cases as commonly show themselves. "A word to the wise is sufficient."

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\* *The Evolution of the Diseases of Women.* Balls Headley. 172.

Next in frequency comes the gonorrhœal poison. How often this infection stands sponsor is uncertain; some writers give the proportion as one in five, but it appears to me that the frequency has been over-estimated.

Post-operative salpingo-peritonitis is, I fear, a more frequent occurrence than one likes to admit. So far, I have had the good fortune to escape, though not from any superior skill or care. I have seen three very definite cases (each under different operators, I am glad to say) where serious attacks followed curetting. I am inclined to attribute some of them to the free use of pure phenol or nitric acid after curetting. When these powerful substances are used, I believe, very careful drying out of the uterus should follow their application, and the patient should lie in bed longer than would otherwise be necessary. The introduction of the flushing curette has done much to lessen the likelihood of this unfortunate sequel; ample dilatation before curetting is also a safeguard.

Tuberculosis is another cause of salpingitis. The bacilli may be found in the secretion and in the mucous membrane. Miliary tubercles stud the peritoneal surface or project into the lumen of the tube. Primary tubercle of the tube is not common, but salpingeal tubercle is more common than tubercle of other parts of the internal reproductive organs. Here, as in other organs, tubercle may become quiescent. It may be present and attract no attention on account of general symptoms. It forms, of course, a part of general abdominal tuberculosis and is not uncommon in children.

Accidents as a cause are the refuge of a bashful or an ignorant woman, or of a loyal wife.

A word only as to diagnosis. It is impossible to diagnose salpingitis with certainty from subjective symptoms; a thorough physical examination must be made. When the tumour is elongated—sausage-shaped—it is most likely tubal, but it may be appendicitis, with the appendix adherent to the pelvic structures. It may not be possible to differentiate the two. Mobility of the uterus would favour appendicitis, while a history of puerperal trouble, or of gonorrhœa, or the finding of a bi-lateral swelling, would suggest, if they did not enforce, the diagnosis of tubal disease. Menstrual disturbance would point in the same direction.



From small ovarian cysts the physical signs give but uncertain aid to diagnosis. If the swelling be globular it is more likely to be ovarian; if it be globular and movable it is almost sure to be so. But we have seen that a hydro-salpinx may be globular also. From ectopic gestation the most careful physical examination may fail to differentiate, but here a reliable history will be a great help.

It may appear unnecessary to mention uterine myoma as a possible source of difficulty. But, as I have but recently made the mistake of diagnosing as a pelvic cyst what proved on the operating table to be a soft intra-ligamentous myoma, I know that doubts may arise.

In all these cases a rectal examination may throw much light on the subject, especially if air be admitted into the bowel by an expanding speculum while the hips are raised. If the uterus can be gently drawn down by a tenaculum more information may be gained.

Gonorrhœal salpingitis is usually bi-lateral. Tuberculous salpingitis is frequently accompanied by lessened menstruation, but there is no way of distinguishing tuberculous salpingitis by the physical signs. More often tubercle elsewhere will give the clue.

*Treatment.*—It is only in the case of minor salpingitis that medicinal means are of use. Dr. Hughes says that arsenic is the only drug which has produced salpingitis, and I have used this drug between attacks of peritonitis. In some instances the attacks have become less frequent and less severe, finally ceasing. I believe these early stages are curable. Calcarea I believe to be a valuable remedy given on the usual indications. In this sphere I consider the symptom, "premature profuse menstruation, readily aggravated or brought back after having ceased, by excitement or emotion," as a most important indication, as far as any one symptom can be. If this is present, probably other calcarea symptoms will be found if searched for. Helonias, lilium, and the double salts of gold and sodium or potassium, I also use freely, not less so sulphur. During mild peritonitic attacks colocynth answers well, and glycerole of belladonna on lint, covered by hot poultices is very soothing.

If there are evidences of bowel irritation (straining and mucus) or vesical tenesmus, mercurius corrosivus will be called for. With septic symptoms the serpent

poisons will be indicated, also alcohol, strychnine or digitalin. Instead of these, if a severe toxic state exists, the anti-streptococcic serum should be used. When the acute stage is over, hepar and sulphur are of undoubted service in expediting resolution; hot water locally must not be forgotten.

Of general measures, much rest in the recumbent posture, physiological rest to the organs as far as possible, an absence of stimulants or excitement, and every measure which will improve nutrition, including change of air—these are of great importance. After an attack of peritonitis of this kind no woman should be subjected to the risks of child-bearing for at least a year, and not then if any physical signs of hydro- or pyo-salpinx or unabsorbed deposit exists.

The place of surgery you so well know that I need not here dwell upon it.

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### THE MEDICAL TREATMENT OF APPENDICITIS.\*

By R. W. MIFFLIN, M.D., Baltimore, Md.

THE medical treatment of this condition, to my understanding, is bounded by definite limitations, beyond which it is dangerous to continue. The question is, how long is it safe to continue medication and intelligent general treatment? Just so long as you would so do in cases of strangulated hernia, impacted fæces and kindred troubles, no longer.

If violent symptoms persist or progress rapidly for forty-eight hours, or insidiously and slowly for seventy-four hours, then *insist* upon operative interference or throw up the case. If on the other hand the violent symptoms abate about that time, and pulse, temperature and all general symptoms point *unmistakably* to a subsidence of the local trouble or a limitation of the surrounding inflammation, then continue judicious medical treatment; but by all means be sure that it really is improvement which you observe beyond a shadow of doubt, and do not be deceived by mere subsidence of *pain alone*, for abdominal inflammations are often deceitful and treacherous, and what we fondly hope is improvement often proves to be

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\* Read before the Maryland Homœopathic Medical Society, May, and reprinted from the *American Medical Monthly*, September, 1899.

fallacious, and in a few hours a failing pulse, cool skin and wandering mind show us our error.

Were it possible to eliminate all the cases of abdominal inflammation *not* depending upon disease of the appendix *from* true appendicitis, a diagnosis sure and certain as that by a diphtheritic membrane or a scarlatinal rash, then I would favour in these undoubted cases of appendicitis a prompt and immediate operation as tending to most quickly cure the present attack and remove all liability to future occurrences; but this certainty has not yet been obtained, and physicians are still divided into two large classes, those who operate at once and those who wait too long, with results favourable to the former.

It follows then that medical treatment of this condition is restricted to the simpler cases on the one hand, and in extensive and operable cases to the duty of allaying severe and annoying symptoms; medicines for pain, for fever and possibly for preventing pus formation.

There are, of course, no specific medicines for appendicitis *per se*, and I am equally sure there is no *one* simillimum for the pathological symptoms of the disease, but taking all the manifestations of the disorder together, much assistance, in my opinion, can often be obtained by some of our drugs. But I must truly confess that drugs given internally are but slightly, if at all, efficacious in *grave* forms of this trouble, and what will control or modify pain, fever and vomiting in mild or superficial cases will avail nought in deep and severe instances.

I think no time is lost in prescribing aconite in the earliest stage of the illness, when the usual symptoms of that drug are present, and it will do good beyond doubt where catarrhal inflammation of the inner coat of the blind-bowel is evident; but we must remember that *great* amount of pain and tenderness and swelling mean that more coats than the mucosa are involved, and then aconite can only be relied upon to control possibly some of the excitement symptoms. One to five drop doses of the  $\theta$  must be given every half or one hour until sweating begins, then give the first dil., ten drops in half a glass of water, a teaspoonful every hour.

Belladonna will relieve and help towards recovery when there is extreme sensitiveness to touch of the

abdomen, especially when the tenderness is more due to hyperæsthesia of the abdominal walls than to inflammation of the peritoneum, accompanied with heat of abdomen and not much swelling, high fever and arterial tension, three drop doses of the 2x dil., every half hour.

Plumbum. In cases of habitual constipation when numbness and paralytic feeling of lower limbs is present, 8x dil., or trit., hourly.

Nux vomica. When co-exist the constipation and gastric symptoms of the drug, for it is very seldom we find appendicitis present with only the symptoms of the local trouble on hand; most every case will be found to have some other organ symptoms presented, due to functional or sympathetic disturbance of stomach, liver, kidneys or, where organic disease of heart or lungs exists, an aggravation of the chronic difficulty. I saw a case some weeks ago of catarrhal appendicitis in a chronic asthmatic, when the symptoms of an aggravation of the chronic bronchial trouble gave the patient more annoyance than the acute disease itself; by prescribing ant. sulph. and sticta. pul., relief of the chest symptoms followed, while the abdominal condition subsided upon the application of hop-poultices.

Mercurius. Especially the dulcis and the proto-iodide are undoubtedly of value when they are indicated from their power of clearing up some of the side-light symptoms very often met with in this disease. That either of them or any mercury acts specifically upon the parts involved is questionable, but by removing some hindrance to recovery it assists towards convalescence; the yellow or yellowish white coated tongue, the muddy skin, foul taste, constipated bowels and other evidences of apathy of the liver are decided obstacles to the renewal of health which this drug will very frequently remove, 1x to 3x tablets. Podo. sometimes supplements merc.

If vomiting is a troublesome and threatening symptom and cannot be allayed by the usual remedies like ipec., and ver. alb., I have obtained relief in a few cases by using five drop doses of a 20 per cent. solution of menthol in olive oil, or two or three drops of creosote in a teaspoonful of lime water.

If pus forming has been demonstrated and consent to operation has been positively refused, or the age and

condition of the patient contra-indicate it, the only drug which carries with it any hope of relief is hepar. I prefer to use this remedy in the form of sulphide of calcium pills, half gr. sugar coated, or three grs. of the 1st trit. of hepar calc. sulph., in gelatine capsules, this latter manner of administration because the free powder will invariably aggravate or induce vomiting.

Returning to aconite, I would like to say that some eighteen months ago I saw a child whose illness I diagnosed as catarrhal appendicitis with possible future deeper involvement which yielded by crisis to acon.  $\theta$ . Six months previous to this attack the same child was treated by me for, as I then thought, a limited peritonitis; but the second case convinced me that the difficulty lay under the free peritoneum and was undoubtedly appendicitis; the location of pain, aggravated by deep pressure, the feeling of resistance to pressure in the tender area, local swelling, the vomiting, high fever with temperature of 104, feverish pulse, shooting lancinating pain and constipation all fortified my diagnosis; these symptoms all rapidly subsided on the evening of the second day under acon.  $\theta$ , with sudden fall of temperature and pulse and copious flow of urine and sweat. There has been no recurrence since.

The employment of morphia or crude opium in appendicitis in my opinion had better be limited to two classes of cases: first those upon whom an operation has been consented to, in which instance to allay pain in the interval between consent and the procedure; and secondly, those cases upon whom operation is unadvisable on account of age or condition of the subject, and when having abandoned hope from medical or surgical art, physician, family and friends resign to the will of Providence with submissiveness or accept the fatalism of the Arab, "what is, is, and what will be, will be, Allah is God and Mohammed his Prophet."

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REVIEW.

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*Pocket-Book of Medical Practice, including Diseases of the Kidneys, Skin, Nerves, Eye, Ear, Nose, and Throat, and Obstetrics, Gynæcology, Surgery, by Special Authors.* By CH. GATCHELL, M.D. Chicago: Era Publishing Company. 1899.

POCKET-BOOKS of homœopathic treatment have hitherto consisted of repertories, good or bad, giving alphabetical lists of homœopathic remedies which are not a great help to the busy practitioner, who has to look them up in his materia medica when he has perhaps no time to do this for a given case.

It has, so far as we are aware, never been attempted to give in pocket-book form a complete compendium of the whole range of medicine and surgery, ætiology, symptoms, diagnosis, prognosis and treatment, homœopathic, adjuvant and dietetic. But here we have it: In a hurry a busy practitioner can refresh his memory in any case in two minutes. The preface says: "This work is designed to be a pocket companion for the general practitioner. The presumption is that those who make use of it already have a thorough and comprehensive knowledge of medicine, and refer to it only for the purpose of refreshing the memory. Thus it becomes a book for ready reference, and prompts to the study of larger volumes at greater leisure." This aim has been wonderfully successfully accomplished. The medicines are not put down in a long alphabetical list, but the few medicines which are in most cases required and are most successful are given, *not* alphabetically, with their indications concisely given, and the dose recommended. The work does great credit to Dr. Gatchell and his able coadjutors. It is printed on very thin paper, clearly typed, and bound in a limp cover, and the book goes easily into any pocket except that of the waistcoat. It is a veritable "enquire within for everything" in medicine and surgery. It ought to have an extensive sale, and our busy colleagues will find it a valuable refresher to the memory when driving about on their rounds of visits.

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MEETINGS.

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## BRITISH HOMŒOPATHIC SOCIETY.

THE fifty-fifth session of the British Homœopathic Society was inaugurated at the London Homœopathic Hospital on Thursday, October 5th, 1899, at 8 o'clock. DR. WASHINGTON EPPS, President, occupied the chair and delivered the Presidential

Address. There was a fair muster of fellows and members. Letters of apology for absence were read from Drs Burford, A. C. Clifton, and Cash Reed.

Dr. Epps chose as the title of his address,

**"OUR ADVANCE AS A SOCIETY, 1879—1899,"**

and reviewed the history of the Society under the headings given by Dr. Richard Hughes in a paper read in 1879, which might be taken to indicate advance. The three chief headings were, the union of adherents of homœopathy, a spreading of the homœopathic truth, and the maintenance of a high standard of professional conduct among its members. How far had the Society realised these objects? The membership had increased from 126 to 207. The meetings were much more interesting now than formerly. The clinical evenings were an innovation and a great success. The enlargement of the hospital and establishment of the journal of the Society were evidence of fulfilment of the second object, the diffusion of the truth of homœopathy, as also the enlargement and increased accessibility of the library.

Dr. Epps sketched the work of last session as showing "enthusiasm, earnestness, hard work and determination" on the part of the fellows and members in pursuing the objects of the Society.

As to the future, Dr. Epps pointed out the necessity of keeping abreast of the times in respect of all the rapid advances constantly being made in medicine and surgery. To facilitate the application of the homœopathic rule by an improvement of the materia medica was a paramount claim; as also in hospital practice and journals was it our duty to show what homœopathy had done and could be expected to do.

Warm tributes were paid to Dr. Richard Hughes, Mr. Knox Shaw, and Dr. Edwin Neatby, for the very active share they had taken in the promotion of the welfare of the Society.

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**LIVERPOOL BRANCH.**

THERE WAS a good attendance of members at the opening meeting of the Liverpool Branch of the British Homœopathic Society, which was held in the Hahnemann Hospital on the 12th ult. The proceedings throughout were marked by a degree of interest and enthusiasm, which augurs well for the success of the ensuing year.

Dr. George Reginald Jones (Manchester) and Dr. Lucas Hughes (Hahnemann Hospital, Liverpool) were proposed as members of the Society.

The report for the year 1898-1899 was read, and, along with the statement of accounts, which showed a balance in favour of the Society of £2 14s., was passed by the Society.

Dr. CHARLES HAYWARD exhibited a patient, a boy six years old, whose clinical history was as follows:—

Healthy up till 12 months ago, when he had a "fit," during which he was unconscious for 24 hours. On recovering consciousness, he was found to be quite deaf, and to be without the power of articulate speech. During sleep he was occasionally heard muttering and mumbling.

The boy remained in this condition for six months, and he then met with an accident, getting knocked down and severely crushed by a milk-dray.

During the period of the boy's stay in the infirmary, to which he was removed immediately on receipt of the injury, he gradually recovered both his hearing and power of speech, although the sole treatment which was carried out had reference to the injury sustained at the time of the accident.

At no time was there any discoverable lesion present in either the ear or larynx which could account for the symptoms.

Dr. J. D. HAYWARD gave a short preliminary account of a patient who had been brought under his notice.

This man, a ship's carpenter by trade, noticed on his way to his work one morning that the toes of his left foot slightly dragged, and on getting to work found that he could no longer wield his hammer with his accustomed accuracy—that by closing his right eye he was able to hit fair and square—that when, instead of hitting the nail he happened to hit his left hand, he suffered no injury, becoming conscious of injury only through noticing the resultant bleeding and swelling.

Since the onset of his illness he has from time to time had fits of an epileptic character.

Both communications were listened to with much interest, and elicited a good discussion.

The President, Dr. DOUGLAS MOIR, then read his presidential address, taking as his subject "The Vitality of Children and their Feeding during the First 12 months."

On the motion of Dr. J. W. HAYWARD, seconded by Dr. MEEK, a hearty vote of thanks was accorded to the President for his address. This terminated the proceedings.

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## NOTABILIA.

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### DRUG STUDIES.

THE second of the series of drug studies commenced in this number will appear next month, and will be from the pen of T. G. Stonham, M.D. (Lond.), M.R.C.S. (England), Physician in charge of the Electrical Department in the London Homœopathic Hospital.

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### NAPHTHALIN POISONING.

IN our last issue we printed two cases of poisoning by naphthalin from the *British Medical Journal* epitome. We are indebted to the same source (September 15th) for another. In this case the poisoning was chronic, and resulted from the use of bedding which had been sprinkled with the powder as a moth-destroyer. The symptoms were loss of appetite, headache, and eczema of both legs; they disappeared on the patient changing his room, but returned on his going back to the infected bed. Cases of acute naphthalin poisoning closely resemble those of carbolic acid intoxication. As is usually the case in drugs of recent introduction, there is need of some thorough provings to educe the full pathogenesis of naphthalin. Experiments upon animals seem to indicate that its action on the nervous system is deep and far-reaching.

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### AVIAIRE.

SOME enquiry having been made concerning the drug Aviaire, mentioned by Dr. Cartier in his article on Whooping-Cough, which we printed in our last issue, we gladly refer our readers to Dr. Cartier's paper, *The Viruses of Tuberculosis in Homœopathic Therapeutics*, which they will find at page 175 of *The Transactions of the International Homœopathic Congress, 1896*. This nosode of avian tuberculosis is deserving of further study; if, as Dr. Cartier indicates, it should prove a remedy for the irritating cough which accompanies and follows influenza, it will meet "a long felt want." Dr. Cartier gives five drops of the 100th daily.

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### ACUTE INFECTIVE ARTHRITIS AND CELLULITIS.

UNDER this title Dr. John O'Connor writes of acute articular rheumatism (*Medical Press*, September 27th, 1899), strongly advocating early incision and drainage of the joints affected. He quotes Dr. Ewart (*Lancet*, July 22nd) as saying that "the

so-called rheumatic cases fall into two clinical groups, those which promptly recover under the usual treatment, and those which do not." "In making this statement," writes Dr. O'Connor, "Dr. Ewart has obviously struck a key-note, viz., that the second group cannot be diagnosed until after a useless and positively detrimental treatment has had a trial, not to mention loss of valuable time." The willows are weeping at this disrespectful mention of the salicylates—the erstwhile friends of rheumatic man. Truly, "the toxin sounds ere long" over every disease, and the domain of surgery advances!

### PHOTO-THERAPY.

THE *Hospital* (October 7th, 1899) comments upon Dr. Bie's article upon Dr. Finsen's treatment of lupus by sunlight at Copenhagen (*Brit. Med. Journ.*, September 30th) as follows :—"Although there was plenty of old tradition in favour of treating small-pox by red light, the method which has of late years been put in practice has a more scientific basis, being founded on the observation that the chemical rays of light are themselves capable of causing an inflammation, and on the assumption that they might therefore be capable of aggravating an inflammation such as the eruption of small-pox which already existed. *Per contra*, it has been thought that an influence acting so powerfully as these actinic rays have proved themselves capable of doing upon the skin ought to possess some therapeutic power if properly applied. . . . For therapeutic purposes the light requires to be concentrated." Our contemporary proceeds to explain how the heat rays are eliminated, and how by pressure the part is rendered anæmic, "and this is found to aid very greatly the penetration of the light, the violet and ultra-violet (*i.e.*, the most important) rays being absorbed by blood, and thus prevented from penetrating tissues in which blood exists." The success of photo-therapy we make bold to explain thus :—The actinic rays are known to be capable of producing inflammatory processes in healthy skin; they ought therefore to be (and are) capable of controlling similar inflammatory processes and the remote pathological results of such similar processes in disease, provided that they are attenuated (by an artificially produced anæmia) below that point at which they can produce physiological action. Oh, Photo therapy! "Among the arts of which thou art *magister*, does that of seeing happen to be one?"

## THE THIRTY-SIXTH ANNUAL REPORT OF THE GEELONG HOMŒOPATHIC DISPENSARY.

GEELONG, AUSTRALIA, 1899.

AFTER the death of Dr. Robinson there was an interregnum of three months. The present report is from September, 1898, to the end of June, 1899, and though thus only for nine months, and notwithstanding the blank three months, the number of patients has largely increased under the able care of Dr. Wm. Lamb. The following extract from the report will show at a glance the success of the Dispensary, to which we cordially wish increasing popularity:—

“The work of the institution has been carried on most successfully and uninterruptedly since the appointment of Dr. Lamb as medical officer at the end of September, 1898, comprising a period of nine months out of the year ending June 30th, 1899.

“During this term 268 patients out of the year's total of 288 received treatment, and of the total attendances of 1,655 for the year, 1,547 were for the shorter period. The results of the treatment will be found in the tabulated statement accompanying the medical officer's report, and are most gratifying to him and all concerned in the successful operations of the dispensary. Disorders of a very wide range have been treated, including those to which special attention should be drawn, viz., pneumonia, marasmus and diarrhoea, and dysentery, and out of the total of 288 cases there have been only nine deaths. 227 visits were paid to patients too ill to leave their own homes. By comparison with the previous year's work the figures stand thus:—Patients admitted in 1897-8, 214; in 1898-9, 288; number of attendances in 1897-8, 916; in 1898-9, 1,635. During the year the committee were fortunate in securing the services of Miss Ferguson to nurse patients in their own homes, and administer such comforts as are practicable. In these offices she has been eminently successful, and, assisted by several ladies, High Church Dorcas Society, Ladies' Benevolent Association, the Mayor of Newtown and Chilwell and others, she has supplied food, fuel, clothing, bedding, rugs, &c., to a number of families in a state of great destitution. To all who thus assisted the committee tender their most grateful thanks. Miss Ferguson has also been appointed collector to the dispensary, and only entered upon her duties in the latter part of the year, but succeeded in that time in collecting a sum equal to that of the whole of the preceding year.”

## CONTROVERSY.

HOMŒOPATHY has lately figured rather frequently in the correspondence columns of our contemporaries, both medical and lay. Our readers will remember that we commented in our last issue upon a leading article in the *British Medical Journal* for September 9th upon "What is Homœopathy?" The following characteristic letter appears in the *Journal* for September 23rd:—

## "WHAT IS HOMŒOPATHY?"

"Sir,—Your amusing and, on the whole, good-natured, banter under the above title in the *British Medical Journal* of September 9th, which I have only seen to-day, would call for no comment from me were it not for this passage in it:—'The prophet of homœopathy did not, it would appear, teach that likes are cured by likes, but that likes should be treated by likes.' But as the object of treatment is, or ought to be, to cure, it would be absurd to advise a certain mode of treatment if it were not thought that it would cure. And this, of course, is what Hahnemann has not done. He first brings together a vast amount of evidence from the medical records of all times and countries to prove that medicines capable of producing on the healthy certain morbid states or symptoms have cured diseases presenting similar morbid states or symptoms—likes are cured by likes, the Latin for which would be *similia similibus sanantur*—and thence he deduces the therapeutic rule: 'In order to cure, choose, in every case of disease a medicine which can itself produce an affection similar to that sought to be cured,' the formula for which is, *similia similibus curentur*, let likes be treated by likes.

"Of course you know this, but it may not be known to those of your readers who act on your dictum that 'there are few things that one can better afford to be ignorant of than homœopathy.'

"Your compliment to myself would be more appreciated if not made at the expense of my fellow-workers in the field of homœopathic therapeutics, many of whom have rendered greater services to practical medicine than myself.—I am, etc.,

"R. E. DUDGON.

"Upper Berkeley Street, W., September 15th."

The following correspondence has appeared in the *Weekly Scotsman*:—

1. September 28rd.

"Having been a follower of the above for 40 years, I gladly offer 'A. B.' the benefit of my experience. Early in the sixties, while on a visit to Scotland, one of my children

contracted an affection of the scalp from her nurse having carelessly allowed her to change hats with another child while playing on the seashore. As soon as the mischief appeared I took her to Edinburgh and consulted the best physicians there. One had her head shaved and rubbed all over with caustic, another prescribed a preparation of mercury, both without effect.

"We went abroad, and the next prescription was tar ointment, which was tried with a like result. A friend now persuaded me to consult an Italian homœopath, under whose care my baby's head was speedily cured, and her golden curls became luxuriant as ever. She was only two years old, and had suffered for over a year.

"The physician referred to continued our friend and adviser till his lamented death. He encouraged me to study his system for myself, recommended a book, and chose for me a chest of the most useful remedies, so that I might prescribe for my own family. I have found the knowledge and practice thus acquired perfectly invaluable, and it has saved me many a long bill. Homœopathy is adapted to every need. It is admirable for children, the medicines being tasteless, and no outward applications used except cold or hot water as required.

"I cannot tell 'A. B.' the number of homœopathic doctors in the United Kingdom, but I know that the hospital he refers to is strictly what it professes to be. I would advise him to procure a good modern manual of homœopathy from any homœopathic chemist, and study it. He will find that the use of the bath, simple diet, air and exercise, with all the adjuncts to health recommended by doctors in general, are strictly enjoined. The leading homœopathic chemists are Epps, London; Pottage, Edinburgh; and Huggins, Glasgow.—'TRANSPLANTED THISTLE.'"

## 2. September 80th.

"In the treatment of ordinary derangements of health homœopathy is undoubtedly beneficial, as it leaves much to nature and to faith. An anecdote relating to the late Professors S—— and H—— will illustrate my statement.

"Professor H——, a well-known celebrity in his day for skill in diagnosis, and who, to the horror of his professional brethren, treated his patients at times according to allopathic science, and at other times homœopathically, on one occasion presented Professor S—— with a complete portable homœopathic medicine chest, begging him to give the remedies a fair trial. Professor S——, who was a humourist in his way, gave

the medicine chest to his children to play at 'shop' with. A lady visitor, indignant at such treatment of her favourite medicines, prevailed upon the children to give her the chest, and forthwith sent it to a missionary in Africa, who subsequently reported the miraculous cures effected. This success was the more marvellous, as the pilules and globules had in Professor S——'s nursery been mixed numberless times, and no longer represented in truth the names on the labels. Professor S——, with sly fun, reported to his medical *confrère* the heterogeneous condition in which the missionary had furnished his native converts with homœopathic remedies.—**ARESTOS.**"

" 'Transplanted Thistle' need not place too much reliance on homœopathy because a homœopathic doctor cured her child's head. I once knew a child whose head was in a similar condition. The Edinburgh Infirmary doctors tried a variety of things without any improvement, but a country doctor cured it almost immediately. Yet I have known that same doctor to be seriously at fault about other diseases.—**COMMON SENSE.**"

#### 8. October 14th.

" 'Arestos,' in the *Weekly Scotsman* of the 30th ult., gives an account of a story concocted by the late Professor S. to damage the late Professor H. fifty years ago, but this version of it is entirely at fault. The original of it is given at pages 15 and 16 of *Homœopathy: Its Tenets and Tendencies*, by J. Y. Simpson, M.D., and the reply to it by Professor H., in a work entitled, *Homœopathy Fairly Represented, in reply to Dr. Simpson's Homœopathy Misrepresented* (Edinburgh: Constable and Co., 1858, pages 13 and 14). It is true that Professor S. gave to Professor H. a medicine box containing sixty-six phials full of medicated globules. That Professor H. ever asserted to Professor S. that it was from the results following on the use of these globules that he was converted to homœopathy is absolutely untrue.

" Again, 'Arestos' says that 'the globules had in Professor S.'s nursery been mixed numberless times, and no longer represented in truth the names on the labels.' In *Homœopathy: Its Tenets and Tendencies* (page 16), in a chapter devoted to a speech by Dr. Simpson at the Edinburgh Medico-Chirurgical Society, at the opening meeting of the winter session 1851-52, we read: 'Some eight or ten years ago, an old schoolmate of Dr. S., having begun business as a homœopathic druggist in Liverpool, kindly sent Dr. S. a

present of a small box of homœopathic medicines; and a very beautiful painted box it was. During the time that it was in Dr. S.'s possession, he put it only to one use, viz., he gave it as an occasional plaything to his eldest son, who was then a child. The boy, revelling in his permitted amount of mischief, used in his sport to uncork the small bottles, empty their globules into a heap, and then refill the bottles from the general mass. Of course, this had speedily the effect of altering and disarranging the contents of the entire Lilliputian drug shop; the globules pertaining to the different bottles were more or less thoroughly mixed together. Sometimes when the child was tired of his occupation others at last refilled the bottles from the general heap. A professional brother happening to call at Dr. S.'s house one day when Dr. S. was absent from home, saw the box and put it in his pocket. Many weeks afterwards the new proprietor of the box met Dr. S. and told him that he had been trying to practise homœopathy, at which Dr. S. expressed his regret; and he added that he had seen some wonderful effects and cures from using the drugs contained in Dr. S.'s own former homœopathic box.'

"At page 15 of *Homœopathy Fairly Represented*, Dr. Henderson writes:—'In his new work Dr. Simpson incautiously enters so much into a pretended history of the box and its contents when it belonged to him as to furnish the means of a satisfactory refutation of another and very material part of the business which is no less than this, that the whole account of the medicines being mixed is imaginary. The box contained 66 phials, each labelled on the glass and on the cork, with the names in Latin of the included drug. Every phial was full and every cork in its right place when the box came, unexpectedly by Dr. Simpson, into my possession. Now, are we asked to believe that a child, some three years old, in the habit, as is alleged, of uncorking the bottles of his occasional plaything, emptying their contents into a heap, and then refilling them from the general mass, was so precocious a scion that he could replace each cork in its proper place, according to its inscription? And if not, as is perfectly certain, what learned Theban was at the trouble to readjust the disordered elements?'

"When writing an account of Professor Henderson's career in the *Homœopathic Review* (May, 1872), and noticing the fable of the box, I said:—'As an additional reason for believing that Dr. Simpson's assertion that the globules had been repeatedly turned out, mixed, and returned to the phials by his three-year-old child was a pure invention, we may state that we do not believe in the existence of any child of that age who would return such tempting morceaux

as globules to the bottles whence he derived them. He would unhesitatingly put them one and all into his mouth !'

"The clinical observations that led to Dr. Henderson's adoption of homœopathy as the basis of his drug-therapeutics were made with medicines derived from five sources in addition to those contained in the box he obtained from Dr. Simpson. The respected secretary of the Medico-Chirurgical Society favoured me with a box, in connection with which there was, as became his character, no trick, but all that was fair and honest. Dr. Russell supplied me with many other medicines; Hindland, of London, did so too; the chemist in this city, at a later period, did the same; and some I prepared with my own hands. The results were published, and drew from Dr. Forbes, of London, the admission that had the cases been treated according to the rules of the ordinary school he would have regarded them as 'very satisfactory.'—ALFRED C. POPE, Senior Editor of the *Homœopathic Review*."

The following letters have appeared in *Reynolds's Newspaper* :

1. September 24th.

"HOMŒOPATHY.

"Sir,—Your correspondent, 'Geo. Russell,' alleges that torture of the vilest kind, terrible to contemplate, is daily inflicted in our hospitals. I categorically challenge him to give a few instances. Permit me to inform him what he styles 'the glorious inspiration of homœopathy,' and which he states is suppressed by doctors, thereby sacrificing the welfare of the public for private gain, will never be a popular method of treatment with honest medical practitioners, who regard such treatment as fit for canaries and as humbug of the vilest kind. If 'G. R.' had a bad attack of colic and put his faith in this nonsense, he would soon be convinced in the truth of the above statement. I speak as one having a while ago given it an honest and fair trial for six months. It is for 'private gain' that homœopathy is practised by playing on the credulity of the patient.—Yours very truly,

"A FELLOW OF THE ROYAL COLLEGE OF  
PHYSICIANS

"(Examiner in Medicine in the University of  
Edinburgh)."

"P.S.—In an analysis of twelve bottles of globules eight were found to contain pure sugar. My child, aged four, swallowed a bottleful of belladonna globules without showing any of the physiological effects, but showing plainly what arrant humbug this is."



2. October 1st.

"Sir,—Allow me, out of respect for my old University, a few words in reply to your correspondent who signs himself 'A Fellow of the Royal College of Physicians (Examiner in Medicine in the University of Edinburgh')'. He is unfortunate in choosing the present time to work off that old wheeze against homœopathy that 'his child, aged four, swallowed a bottleful of a diluted homœopathic preparation of belladonna, and was not poisoned.' Let him allow his child to swallow a bottleful of the undiluted homœopathic belladonna, and we shall hear at the inquest whether a jury agrees with the opinions he has expressed in his letter. If he will read to-day's papers he will see an account telling how an 'allopathic' doctor at Eastbourne, in order to prove that his prescription was not poisonous, took some doses himself, with the result that he died—poisoned by his own prescription.

"Your correspondent ignores the fact that each practitioner of homœopathy is as fully qualified to practise medicine, and as competent to form an opinion of the best system of medicine, as he is himself, and is at least as honest and trustworthy. He shows wisdom in one thing only—namely, that he also ignores the proved series of statistics of homœopathic practice, which, as Kipling says of the 'Birkenhead Drill,' he will find 'a damned tough bullet to chew.' It is pitiable to see my old University represented in any capacity by a man who displays such gross ignorance of drug action as to assert that because a dose of a drug does not poison, *therefore* it cannot possibly have any curative effect. I trust that if he writes further on this subject he will—for the reputation of the Edinburgh University—omit the announcement of his position on the examining staff from the foot of his letter.—Yours truly,

"M.D. (Edinburgh), D.P.H. (Cambridge),  
"Barrister-at-Law."

3. October 8th.

"We have received letters from medical experts on the 'Allopathic *versus* Homœopathic' controversy, started by a correspondent a few weeks ago. We very much regret that we are unable to do more than indicate the views of these gentlemen, as one week's letters would take up an entire page of *Reynolds's Newspaper*. Here is a condensed selection:—

"An 'M.D.' on the staff of the London Homœopathic Hospital writes to us an indignant letter in reply to the remarks made by 'A Fellow of the Royal College of Physicians' in our issue of September 24th. A few years ago, he says, it was the fashion for doctors of the old school to

speak of homœopaths as knaves or fools, but when it became evident that many of the homœopathic doctors were men of high standing in the profession, they could no longer do so. Since then the position assumed by the old school is that homœopaths are to be avoided because they take up a sectarian position in calling their treatment homœopathy. With reference to the remark that 'homœopathy is only fit for canaries and is humbug of the vilest kind,' 'M.D.' asks, if this be so, how is it that about 900 practitioners in Great Britain and over 12,000 in the United States, educated in the same colleges as the old school and having the same diplomas, could be so dishonest or so deluded as to practise such a system of treatment? The public, he maintains, favour homœopathy, and not only the educated classes but the masses flock in thousands to the homœopathic hospitals and dispensaries, which they certainly would not do unless they derived benefit. Our correspondent denies that the six months' trial of homœopathic treatment by 'A Fellow of the Royal College of Physicians' was a fair one. To experiment on a healthy child with the globules is no test at all. The globules are made up of sugar and milk, and are medicated by saturation in the tincture of the medicine, which is only discoverable by chemical analysis. It is a well-known fact that the body in disease is susceptible to the action of medicines in an infinitely more minute quantity than could produce any visible effect whatever in a healthy body. In conclusion, 'M.D.' states it is well known that if homœopaths were to cease using the word homœopathy, as distinguishing the new mode of treatment and say nothing about it, they would be received, consulted with, and otherwise treated as 'regular' practitioners.

"Mr. A. C. Clifton, M.R.C.S., of Northampton, now retired from practice and having nothing to gain by this controversy, also replies to "A Fellow of the Royal College of Physicians." He was, he says, a homœopathic 'medical practitioner in Northampton for 40 years and only retired by reason of ill-health. His practice in the town and county was as large as that of any other medical man in the district. He was medical officer to 18 clubs and a provident dispensary of over 2,000 persons. By reason of that experience he says he is practically better acquainted with homœopathy than our physician correspondent. If he could have his time over again, with an open mind to every phase of medical investigation and knowledge, he would still follow the same method of practice as before, because he has seen none to beat it for the amelioration and cure of disease.

“ Mr. A. S. Brown, homœopathic chemist, of Grimsby, answering the same correspondent, says it is not the first time that Edinburgh has distinguished itself by its opposition to homœopathy. He mentions the case of Mr. Pope, who, he asserts, was refused a diploma at Edinburgh because he admitted himself to be in favour of homœopathy. Excessive drugging, he argues, has sent many patients to death before their time. In answer to the statement as to the effect of the homœopathic medicines tried by our correspondent, Mr. Brown says that if people will purchase their medicines from grocers, oilmen, and such like persons, because they can buy them a few pence cheaper, they must expect nothing but failure. He contends that the opposition, professional and otherwise, to homœopathy chiefly arises from ignorance.

“ Mr. Octavius Drewell, 1, Minford Garden Mansions, W., replying to ‘F.R.C.P.,’ says that during the last cholera epidemic in London all hospitals treated such cases, and when Dr. MacLoughlin, an allopath, gave his report as medical inspector for the General Board of Health, the statistics of the Homœopathic Hospital were suppressed by the Medical Council, and it was only when Lord Ebury moved for their production that the results in favour of homœopathy were first made known. The deaths under homœopathic treatment were 16·4 per cent., while the allopathic death-rate was 59·2 per cent. Let ‘F.R.C.P.,’ says our correspondent, deny these facts if he can. Again, when cholera broke out in Vienna in 1836, the Government inspectors (two physicians of the old school) sent in their reports, and it was found that mortality was 70 per cent. under allopathy and 83 per cent. under homœopathy—a disclosure which induced the Minister of the Interior to repeal the laws against the establishment of public homœopathic hospitals in Austria. Mr. Drewell further asserts that a great proportion of homœopaths are converts from the allopaths, and from swarms of leading allopaths of each age—Sir Astley Cooper, Dr. Ramage, Dr. Rush, and Dr. Magendie—comes the confession that the latter practice is a fraud. In conclusion our correspondent commends to ‘F.R.C.P.’s’ notice the following passage from *The Times*, the leading articles in which, as regards medicine, are written by medical experts:—‘It is better worth while to inquire by what side homœopathy appeals to men of average probity and intelligence than to draw extreme deductions from premisses possibly but partially comprehended, and then to brand all homœopaths as either knaves or fools.’ ”

The last newspaper discussion was played on the ground of the *Medical Press and Circular*, who on October 4th inserted the following among their Notes on Current Topics:—

## " HOMŒOPATHIC ASSURANCES.

" In the course of a series of lectures on the homœopathic treatment of tropical diseases recently delivered by a Dr. Hayward, some very remarkable statements were made which, we fear, would not bear close scrutiny. We are told that while the average mortality from yellow fever is 27·7 per cent., the mortality under homœopathic treatment is only seven. As the actual statistics are not given in the report before us we cannot very well criticise them ; but we should imagine that the number of patients suffering from this fell disease who underwent homœopathic treatment must be far too small for it to be possible to base any trustworthy conclusions thereupon. A similarly bold and equally unauthenticated statement is made in respect of cholera. Coming to typhoid fever we are assured that, though a germ disease, homœopathic medication does much to modify the course and shorten the duration thereof. Statements such as these may pass muster with the uncritical laity, to whom the lecturer was addressing himself, but must excite contempt among those who know what little influence purely medicinal treatment has in any of these diseases. It is this very want of candour on the part of the practitioners of that ilk which makes it well-nigh impossible for self-respecting practitioners to meet them on cordial terms, and so long as the arts of the mountebank are resorted to to bolster up this particular system so long will its adepts be ostracised by their fellows. It goes without saying that if homœopathy accomplished even a fraction of what its advocates claim for it, it would long since have brushed all alternative methods of treating disease out of the field."

This specific challenge naturally provoked replies. One from Dr. Dudgeon, and the two following, which fairly traverse the implications of the above :—

" *To the Editor of 'the Medical Press and Circular.'*

" SIR,—You are quite right to insist on having the actual figures when statistics are quoted, whether homœopathic or otherwise, but before condemning Dr. Hayward and all his brethren for want of candour, it might have been better to have ascertained if the published report of his lecture contained all he had said on this matter. As you wish for the actual figures I will, with your leave, supply them. You are mistaken in supposing that homœopathy is not largely used in the treatment of yellow fever, in both North and South America. The epidemic to which I presume Dr. Hayward referred was that which occurred in Rio de Janeiro in 1851. Dr. Martins and three other homœopaths treated among them 8,256 cases, with

227 deaths—under 7 per cent. In the terrible epidemic of 1858, which occurred in New Orleans, Drs. Holcombe and Davies, homœopaths, treated between them 555 cases, with 38 deaths—under 6 per cent. During the epidemic which occurred between 1858 and 1878, the homœopathic practitioners, whose number was being constantly added to, treated altogether 6,569 cases, with 360 deaths—under  $5\frac{1}{2}$  per cent. During the same period there were treated allopathically 28,540 cases with 4,056 deaths—over 17 per cent.

“The cholera statistics of homœopathy are the best advertisement that homœopathy ever had, and luckily they are vouched for by allopathic authorities. Sir William Wilde, the well-known oculist of Dublin, in his work on Austria, says (p. 275):—

“‘Upon comparing the report of the treatment of cholera in this hospital [the hospital placed by the Government of Austria under the control of Fleischmann, the homœopath] with that of the same disease in the other hospitals in Vienna during the same period, it appeared that while about two-thirds of the cases treated by Dr. Fleischmann recovered, two-thirds of those treated by the ordinary methods in the other hospitals died.’ These results had the effect of causing the Government to repeal the laws which had previously been in force against homœopathy in Austria. The statistics of the London Homœopathic Hospital, then in Golden Square, in the epidemic of 1864, were no less striking. The mortality was 16·4 per cent., as against 51·8 per cent. in the other hospitals. These figures were vouched for by the Government inspector, Dr. Maccloughlin, who wrote to one of the medical officers: ‘All I saw were true cases of cholera in the various stages of the disease, and I saw several cases which did well under your treatment which I have no hesitation in saying would have sunk under any other.’

“I am, Sir, yours truly,

“JOHN H. CLARKE.”

“Clarges Street, W., October 12th, 1899 ”

“To the Editor of ‘The Medical Press and Circular.’

“SIR,—I am not displeased with your editorial comments on some of the assertions made in my lectures at the Hahnemann Hospital, except the snarl as to addressing the uncritical laity. As a fair-minded editor you will, of course, allow me to explain the points you complain of.

“I am not surprised that the statement that ‘while the average mortality from yellow fever is 27·7 per cent., the mortality under homœopathic treatment is only 7,’ should appear ‘very remarkable’ to the editor of an ordinary medical

journal; still, it is possible it may be quite true for all that. Nor am I surprised that you should imagine the numbers of yellow fever patients treated homœopathically are too small to draw conclusions from, because the work and writings of those members of the profession who practise homœopathically are so studiously ignored that you do not know what is being done by them. It may, perhaps, be news to both yourself and your readers to be told that in sub-tropical and tropical America, where yellow fever abounds, there are scores of homœopathic practitioners; and that they have gone through epidemic after epidemic, and treated thousands of cases of 'this fell disease,' of which reports have been furnished at the request of the Government; and that the statistics have been collected and compared times out of number, not by taking one epidemic but several, and making averages honestly and fairly. These statistics are given in the *North American Quarterly Homœopathic Journal* and the *British Quarterly*, where they are compared with those furnished in the ordinary medical journals, as to the same epidemics and under the same circumstances. It is true the comparisons are not made in the latter journals, and for good reasons. By these statistics it will be seen that 7 per cent. is quite a high percentage under homœopathic treatment. And as to ordinary treatment, let Mr. Manson be heard; he is one of the highest and most recent authorities on the subject. On page 186 of his most excellent treatise on *Tropical Diseases*, writing on yellow fever, he says:—'The mean mortality in the whole 269 cases was 27·7 per cent. This may be taken as a fairly representative mortality in yellow fever among the unacclimatised, something between 25 and 80 per cent., although in some epidemics it has risen as high as 50, or even 80 per cent. of those attacked.' So my statement is not at all wrong.

"As to cholera, you yourself know quite well that the average mortality under ordinary treatment is not less than 50 per cent. And in his address on cholera, as president of the National Health Society, the late Mr. Ernest Hart, as reported in the *British Medical Journal*, said: 'Once established, and in well-marked cases of Asiatic cholera, drugs will do little to cure. The mortality of cholera all over the world, and in all epidemics, has defied drugs, and varied according to the intensity and the age of the patient, from 45 to 64 per cent.' Contrast this with the following result of the treatment in the London Homœopathic Hospital:—'From these it appears that the number of cases treated in this hospital was 61, of whom 10 died, giving a mortality of 16·4 per cent. From the report issued by the Treatment Committee it was

seen that the mortality in the other metropolitan hospitals averaged 51·8 per cent.' The Government inspector of the London Homœopathic Hospital, Dr. MacLoughlin, wrote to Mr. Cameron, one of the medical officers of the hospital :— 'All I saw were true cases of cholera in the various stages of the disease, and I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other ?' So here, too, I am within the mark.

"As to typhoid why should the statement that 'homœopathic treatment can do much to modify the course and shorten the duration,' excite contempt, as you say, when the present boast of the profession is that 'simple open-air treatment' can, and does, cut short and cure such a germ disease as tuberculosis; and 'sunshine' treatment can do the same for some skin diseases of germ origin, as is now being put forth in orthodox medical journals? And whilst another great boast is that of the rapid cure of diphtheria, cholera, plague, tetanus, and other germ diseases by ordinary practitioners with anti-toxins, and even of typhoid with anti-typhoid serum? These boasted cures of germ diseases by ordinary practitioners with anti-toxins and animal extracts are orthodox, and, therefore, admissible; but to make a similar claim for ordinary medicines is only 'to excite contempt.' Could prejudice further go? Surely the shibboleth that 'germ diseases must run their course' is an acknowledgment of impotence disgraceful to the profession; and the sooner the better it is allowed to follow into the limbo of discarded heresies the fiction of the 'change of type in disease.'

"As to appealing to the laity, that is the fault of the members of the profession. They were invited, and several by 'complimentary ticket,' the course being addressed to 'medical men taking charge of steamers visiting Africa, or taking charge of trading stations out there,' as well as to 'missionaries and nurses.' But only four non-homœopathic practitioners were sufficiently open-minded to put in appearance. We would much prefer to appeal to our professional brethren, but we are not allowed, professional societies and journals being closed against us!

"I am, Sir, yours truly,

"JOHN W. HAYWARD, M.D.

"Birkenhead, October 6th, 1899."

"[We cannot deny the right of explanation to a correspondent whose statements as to comparative mortality are called in question, however widely we may differ from him. We prefer to leave his figures to the judgment of our readers,

and it is hardly to be supposed that any of them will be prepared to accept without further inquiry the assertion relating to the "scores of homœopathic practitioners" whose experiences are published in the *North American Quarterly Homœopathic Journal*. We are asked to believe that a normal mortality of 27.7 per cent. has fallen to 7.0 per cent. under treatment by homœopathy, but before doing so we should require to know how much confidence the statements of these transatlantic authorities are entitled to inspire, and whether the methods of treatment which they employed were really those associated with the name of Hahnemann. We are, however, indisposed to lend our columns to the discussion of the merits or demerits of homœopathy, for at this time of day such discussion could serve no useful purpose.—ED.] "

This pattern of the editorial extinguisher will be found invaluable to those who, having accused their opponents of statements, "which, we fear, would not bear close scrutiny," on the 4th, find, on the 18th, that the facts of the case are "up against them." We would suggest that it should be called "The Candour."

### THE RELATION OF CLIMATE TO PULMONARY TUBERCULOSIS.

It has long been known that in certain regions of the world consumption is a rare disease, and that persons afflicted with it received benefit from prolonged residence in those regions. The reason for this has not been known so long, nor do we yet understand it fully, but our knowledge is far more complete and exact than it was a comparatively few years ago. Observation also showed that consumption prevailed extensively in other regions, and that these possessed climates widely different from the former.

In a simple way climates may be classified as high and low, dry and moist, hot and cold, varying in degree from moderate to extreme. In the sunny dry climates, either hot or cold, and especially in the elevated dry climates, consumption is not prevalent, and it is notably rare in the more thinly populated regions of these climates. On the other hand consumption is very prevalent in the cold, damp climates, especially in those regions having a damp soil and in the more densely populated places.

Thus, before the discovery of the bacillus tuberculosis and the contagiousness of consumption it was learned that dry, pure air is the best remedy for phthisis, and that damp, impure air favours its development. With the advent of the bacillus tuberculosis on the scene the reason for the rarity of



the disease in the pure air and its frequency in contaminated air was disclosed, and thenceforward heredity gave way to environment as the most causative factor.

While all dry, sunny climates, either hot or cold, are favourable to the arrest of consumption, the preponderance of evidence indicates that the high climates are the most efficacious in the majority of cases. There are a number of reasons to account for this. Experiments have demonstrated that the diminished barometric pressure of rarefied air increases the amount of hæmoglobin and the number of red corpuscles in the blood. Both man and animals have been tested by residence at ordinary levels and at high altitudes, with the result that this increase has been found constant, and bears in some measure a definite relation to the degree of elevation. Since the air in high altitudes contains less oxygen, respiration and heart action are increased in frequency, respiration becomes deeper, all the air-cells are brought into action, the chest muscles are strengthened and the chest enlarged, with the result of increased powers of oxidation and tissue change. The atmosphere of the elevated regions is very dry, especially in winter and fall, and the air is exceedingly clear, in the absence of fogs and clouds. Abundance of sunshine prevails throughout the year and out-door life is possible at all seasons. The unfavourable elements are the wind and dust. While the air in the cities of the elevated regions contains impurities, such as are found in cities in any climate, the air of the prairies is absolutely germless, and the air of the cities themselves is not so badly infested with micro-organisms as that of seaboard cities, for instance. It has been stated that the direct rays of the sun destroy the vitality of tubercular bacilli in a few minutes. This may be true of germs obtained by laboratory culture, but it is not yet satisfactorily demonstrated of bacilli taken directly from the sputum of consumptives. Dr. Chas. Fox Gardiner, of Colorado Springs, succeeded in producing tuberculosis in guinea-pigs by inoculation with dried sputum that had been exposed to sunlight from two to twenty-four hours. On the other hand, he was unable to produce tuberculosis with dust taken from hotel bedrooms, hospitals, sanitarium and private houses containing tubercular patients. It is also interesting to note that there was far less septic infection from inoculation with dust from a general hospital in Colorado Springs than from dust taken from the tubercular wards of a New York hospital.

The benefit which a consumptive derives from residence in a country of high elevation is not wholly due to the climate, but arises from a combination of elements, made up mainly of climate and out-door life, but in which change of occupation

and scene, nourishing food and mental impression form a part. Perhaps the most significant thought of recent years is the idea that air, that life in the open, in any climate, is of great curative value; of course the better the air the greater its value as a remedial agent. Those who follow indoor occupations, especially in contaminated air, are the great sufferers from consumption, and the change from that mode of life to one spent in the open air is of vital importance, if pulmonary weakness is imminent.

Theoretically it appears not to be difficult to determine where to send our consumptive patients. We know the beneficial effect of residence in the great dry belt, composed of Colorado, Utah, Arizona, New Mexico and Western Texas, where there are sunshine in abundance, pure dry air, and elevation from sea level (or lower) to seven or eight thousand feet. We know what the Adirondacks have done for failing lungs and that the mountain slopes of North Carolina are suitable for tubercular patients. We have even heard it hinted that Atlantic City possesses a climate which makes it an all-the-year resort, exceptionally desirable for those who are unwillingly entertaining the elusive bacillus. But in spite of our knowledge of climatology, reasonably accurate though it be, it is often exceedingly difficult to prescribe the proper climate in individual cases, so many factors enter into the problem. The first point to determine is the stage of the disease, for one of the most important lessons which experience has taught is that the earlier the change of climate is made the more certain the favourable result. This is so well known that it needs no further exemplification, although it is not so long since patients with cavities have been sent to Colorado, only to die there in loneliness, or at best to pray to live long enough to return to the East and die at home. Patients in the first stage may therefore be safely sent away from home, if there are not other reasons which render such change unwise or impossible. Patients in the second stage, that is, when consolidation has occurred at one apex or at both, reaching as far as the third rib, may also be sent away, but their outlook is not so encouraging and their surroundings need to be exceptionally favourable. When the lung has broken down and cavities have formed it is useless and cruel to send patients away from home and friends.

But suppose that we have a patient in the first stage of phthisis. Where shall we send him? That depends largely on his financial condition. If his means are ample I should say send him to an elevated climate, Colorado or New Mexico, unless he has heart-disease, with hypertrophy or dilatation, emphysema, high fever, or is of a highly nervous temperament.

If he goes to Colorado I should recommend Colorado Springs or Boulder as a place of residence. I doubt if I shall again send patients to Denver. In my opinion it has become too large a city, too densely populated, too smoky and dusty for consumptives. There is outside the city, however, a delightful country for residence, if accommodation for invalids can be found there. If heart-weakness or nervous irritability forbid the altitudes and yet a dry climate is desired the Salt-River Valley of Arizona offers superior advantages, and Phoenix has first-class accommodation for the seeker after health.

Unfortunately very many persons who need change of climate have not the means to journey far from home or maintain themselves, except at very moderate expense. A still larger number have no means whatever outside their own earnings, or the scanty income of some other member of the family. What can be done for these unfortunates? If they cannot go to the climate most likely to restore them to health they can at least make use of the open-air treatment, and live out-doors entirely seven or eight months of the year, and a large part of the time for the remaining four or five months. The establishment of hospitals and sanatoria, public and private, in the various States for the treatment of consumption in the localities most suitable for such institutions, is a long step toward the lessening of the ravages of tuberculosis. Results are obtained in the Adirondacks which are not far below the recoveries made in the altitudes. But it is not possible or necessary to send all the consumptives to the Adirondacks, or Liberty, or to North Carolina, who are unable to go to the high elevation or the Rocky Mountain resorts. The sanitarium treatment can be carried out in any State of the Union, and there can be no more urgent or noble charity than the establishment of such institutions. They are demanded alike for those of limited means and for the indigent on one side, and for the protection of the community on the other. While only a certain per cent. of the incipient cases can be cured, yet the treatment of cases in all stages is desirable, since the rigorous hygiene enforced serves to limit the spread of the disease. At present there are but few hospitals and sanatoria in this country devoted exclusively to tuberculosis, and it will be many years before all cases needing such institutional treatment can be cared for. The sentiment of the profession must become pronounced in this matter, and the public educated until its opinion strongly upholds the building of these hospitals.

In the meantime it is possible, by perseverance and ingenuity, for individuals of limited means (not for the

indigent, however), to obtain, with the advice of their physicians, the main features of sanitarium treatment. In the first place and most important of all—the life in the open-air. Suppose, for instance, that a member of a family of small means is found to be in the incipient stage of phthisis. The income of the family from all sources is sufficient to support the invalid in idleness at home, but not large enough to pay his travelling expenses to a favourable climate, or to pay for his board after he reaches there. He can have the shelter and the food of the home, but beyond that not much can be done for him. What can he do for himself? If the family can scrape together enough money to build upon the rear or side of their house a second-storey piazza, be it small or large, but the larger the better, and upon the south side, the invalid can do much for himself. In this elevated, sunny nook, he can make his home, passing all his time there when not walking, wheeling or riding in the trolley. There he can take his meals, read, rest and sleep, when not driven inside by the severity of the weather. In other words, he can obtain the life in the open which he is seeking first of all. I venture to assert that a person essaying such a life could spend more days and nights in the open air in the rigorous climate of New England than would be thought possible, provided the treatment were started in the summer and proper clothing worn as the season advanced. With nourishing food, scrupulous care of the sputum, and judicious exercise he would have the essential features of sanitarium treatment, he would enjoy association with his family without danger to them, and his drain upon the family purse would be reduced to a minimum.—Dr. Beecher Hooker in the *Medical Era*, Sept., 1899.

#### CASES OF INTESTINAL OBSTRUCTION IN THE HORSE.

THERE are some who believe that so large an animal as the horse cannot be affected by the high homœopathic potencies. English veterinary homœopaths, for instance, are in the habit of using the lowest potencies in their practice, and veterinary text-books invariably teach a very crude homœopathy. But if we would only remember that homœopathic medicines act qualitatively and not quantitatively, and that the lower animals have nearly as marked individual differences of constitution as the human subject, we should easily understand that no difference in therapeutics need exist.

A well-known veterinary surgeon of this city was prevailed upon by me some years ago to adopt homœopathy. He has

been quite in love with the new therapeutics ever since, and has repeatedly told me how much "messaging about" his poor animals have been saved. On more than one occasion he has consulted me in difficult cases, and from analogy with the human subject I have been able to direct a correct prescription. I well remember two cases of intestinal obstruction in the horse which I give below.

CASE I.—The first was an animal which I had been using for some time and which was suddenly seized one evening with symptoms of intestinal colic. I sent it to the veterinary infirmary at once and went to see my friend the veterinary surgeon the following morning. He told me that the horse had been labouring under colic the whole night, in spite of all the remedies he had administered, and had become very exhausted. Unless speedy relief was given the animal had not long to live. Watching the dumb patient for a few minutes, I asked my friend to administer a dose of belladonna. He happened to have the 80th potency in small globules and five or six of them were put into the animal's mouth. I directed that if no relief came in two hours, a second such dose was to be administered. This dose was administered, and shortly after the bowels were moved with a great effort, and the intestinal obstruction was forthwith relieved. When I called in the evening I was shown the faecal mass that had passed, and it was interesting to note the thick strings and bands of mucus which had completely enveloped the obstructing matter. The animal was kept on green diet for a day or two and had no further trouble.

CASE II.—The next case was still more interesting and happened about a month or so after.

I was calling one evening on my friend the veterinary surgeon, and he asked me to see a very valuable horse that had been brought to the infirmary that very morning. A number of remedies, including belladonna, had been administered through the day, but the animal was going from bad to worse, and when I saw it about 8 o'clock my friend told me that he had written to the owner to say that no hope could be entertained of the horse's recovery—no pulse could be felt at the jaw—the breath was very foetid and the animal quite exhausted. I pointed out the resemblance in this case to the stage of intestinal obstruction in the human subject known as paralytic, and I explained how in opium we had a medicine which produced a similar condition pathogenetically. My friend's medicine box happened to contain opium 80 in small globules and five or six of them were administered in one dose without delay. I stayed to dine with my friend and at 9.30 p.m. we visited the patient together and felt very

disappointed to find no change at all for the better. A second dose of the same magnitude was administered and I left for home. Next morning curiosity took me to see the patient, and my friend the veterinary surgeon met me at the gate, smiling. "You deserve a consultation fee for yesterday's case," he said, "the animal is feeding this morning." More surprised than I cared to express, I learnt that shortly after the second dose of opium the intestinal obstruction was relieved, an enormous mass of fecal matter completely covered with tough stringy mucus having passed. In two or three days this valuable horse, which had been pronounced by a leading veterinary surgeon to be beyond the reach of medicine, was restored to its delighted owner quite well.

These two remarkable cases illustrate the wonderful action of the homœopathic simillimum in a very infinitesimal dose in so large an animal as the horse, and should be, I think, sufficient to remove any misconception from the minds of those who believe that the dose should be proportioned to the size of the patient.—Dr. W. Younan in the *Calcutta Medical Journal*, April, 1899.

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### "LUCUS A NON LUCENDO."

At the British Association meeting it was suggested that the punning motto of Sir William Crookes, "*Ubi crux, ibi lux*," ought to read "*Ubi Crookes, ibi Spooks*," in reference to Sir William's deep interest in psychical research. The motto itself, however, alludes unaltered to another of the professor's activities, for it may be translated "X rays."

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### THE PLAGUE.

The following letter appeared in the *Liverpool Mercury* for August 18th:—

"Gentlemen,—Your timely warning in to-day's issue—that as the plague has come so near to us as Oporto it may even spread to England; and that should it do so it may find in some of our slums a congenial soil—suggests a desirability of being prepared to meet it, should it spread to Liverpool.

"Our sanitary authorities are, of course, alive to their duty. But is the medical profession prepared to meet it? Has the profession any curative remedies? Should it visit us, will it find us as unprepared with remedies as did the cholera in 1849? It is very similar to cholera, yellow fever, and black water fever; and the remedies that have been found to be successful in these very fatal diseases are likely to be so in plague—these are camphor, phosphorus, and snake venom.

"In every epidemic of cholera in this century of 1800, the treatment principally with camphor has reduced the mortality to about 20 per cent, whilst without camphor it has been about 50 per cent. The treatment of yellow fever with rattlesnake venom and phosphorus (in America) has robbed it of much of its terror. And, as mentioned in the *Lancet* of the 8th of July last, the use of cobra venom in the late epidemic of plague in India has been followed by very gratifying results.

"It is to be hoped that no narrow-minded prejudice will prevent the medical profession from making use of these (already) tried remedies.

"MEDICUS."

"August 17th, 1899."

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#### THYROID FEEDING IN PUERPERAL INSANITY.

Dr. D. E. BROWNELL, of Westboro, Mass., reports (*Minneapolis Homœ. Mag.*, June) three cases of old-standing puerperal insanity in which thyroid feeding had excellent results.

"Mrs. H. H., age 30, had always been well until about three weeks after her second confinement, when she became maniacal. Her father had committed suicide; other than this her family history was good. She came to us after having been insane for one year and three months. She was restless, destructive and violent. She would not talk. There was a choreic motion of hands and arms, a spasmodic action of some of the facial muscles and a continual nodding of the head. Considering the long duration and the fact that she had been treated in two other hospitals previously to coming here, we commenced thyroid feeding at once. Within a month she grew more quiet; after three months she began to talk quite rationally, and at the end of eight months went home recovered. She has now remained well nearly three years.

"Another case, Mrs. S. L., insane after a miscarriage, had been with us two years before we commenced thyroid treatment. She was one of those cases that failed to recover and had become demented. She could not be interested in anything long at a time and was somewhat careless in her appearance. After three months' use of thyroid she showed improvement and six months from the time we commenced treatment, she was discharged recovered.

"The third case, Mrs. I. F., came to us five weeks after the birth of her first child. She had then been insane four weeks. She came to us in a stupor and with a temperature 105° F. After a few days she commenced to talk and was restless and incoherent and would not eat. Nasal feeding was resorted to

and restraint used to keep her in bed. Antiseptic douches were required. In less than two weeks her temperature fell to normal. Six months from this time she was quiet, but apparently pre-occupied with hallucinations. Would notice no one, and talk only occasionally. She was untidy and destructive. After the case had gone on this way ten months, we commenced thyroid feeding. Six months from the beginning of the treatment she began to show signs of improvement. She was tidy both night and day for the first time since admission. She asked for work, and became interested in things about her. Nine months from the time we commenced the thyroid treatment she was discharged as recovered."

#### DIABETES IN A CHILD.

HANSHATER reports in *Annales de Médecine et Chirurgie Infantiles* the case of a girl aged 10 who passed an average of 122 grammes of sugar a day. Abscesses developed in the lower limbs and the patient died of marasmus in 2 years despite all (allopathic) treatment.

#### THE LATEST CONTRIBUTION TO THE THERAPEUTICS OF TUBERCULOSIS.

At Palermo, Dr. Vincenzo Cervello, professor of pharmacology in the University, has just communicated to the Accademia delle Scienze Mediche, of which he is president, an elaborate report of 26 cases of carefully diagnosed phthisis pulmonalis treated by him in the Guadagna Hospital for consumption. Inhalations of "formalina," entering largely into a medicated vapour to which he has given the name of "gazolo," were tried for the first time on Jan. 15th on the 26 patients referred to. In 19 of them at varying intervals, the inhalations induced a return to the normal temperature; coincidently with the cessation of the pyrexia the cough and the characteristic râles ceased and from the sputum the tubercle bacillus had disappeared. At a final consultation with his colleagues 10 of the patients were pronounced cured and nine progressing towards recovery; of the other seven three were distinctly improved, two were stationary, and two died. These latter, when admitted to hospital, were found to be "in condizioni gravissime." On concluding his report Professor Cervello introduced the 10 *guariti* to the Accademia. All of them looked healthy, "con un aspetto florido," and on examination they were found to be absolutely free from the characteristic marks of tuberculosis. These results have so far satisfied Professor Cervello that he is now following up



his "gazolo" treatment on a scale sufficient to justify a sound clinical induction, for which with commendable munificence a Palermitan banker (I may give his name, Signor Florio) has placed at his services an ample sanatorium equipped up to date; and has also founded "Un Instituto Cervello," on the model of the Pasteur Institute in Paris, the whole at a cost of 5,000,000 lire (£200,000).—*The Lancet*, May 18th.

### X-RAYS IN THE DIAGNOSIS OF PHTHISIS.

DR. WILLIAMS, of Boston, read a paper before the American Climatological Association in which he reported that the normal average excursion of the diaphragm was  $2\frac{1}{2}$  inches on the left side and 4 inches on the right side. In 5 cases the X-ray examination had given notice of changes in the lungs before the physical signs. If the area of increased density was much below the surface of the lung, as, for instance, in a central pneumonia, its presence would not be recognised by auscultation and percussion, but its shadow would be seen on the X-ray screen as surely as though this area were more superficial. By careful experimentation he had demonstrated that a lung the seat of pneumonia or tuberculosis offered ten times more resistance to the X-rays than did a healthy lung. The diagnosis of tuberculosis was not made by the X-rays alone, but in some instances it had certainly given early notice of a departure of a lung from the normal, and this intimation, taken in connection with the history and rational symptoms, afforded a valuable basis for an early diagnosis. In cases of pulmonary tuberculosis the X-rays showed the apex of the lung darkened and the excursion of the diaphragm shortened.—*Medical Record*, New York, May 18.

### A CAREFULLY DISGUISED BLESSING.

THE *Lancet* quotes a communication from Dr. Chauveau to *La France Médicale* (September 1st), giving details of three cases in children, aged 9, 11 and 18 respectively, in which post-nasal adenoids, which were awaiting operating, disappeared during attacks of epidemic influenza.

### OBITUARY.

#### DR. J. J. GARTH WILKINSON.

WE regret to announce the death of Dr. WILKINSON at his residence in St. John's Wood, on the 18th of October, at the age of 87. We hope on a future occasion to give a fitting account of the life of this veteran homœopathic physician.

## NOTICES TO CORRESPONDENTS.

\*. \* We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Mr. C. J. WILKINSON.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30: Out-patients, 2.0 daily); SURGICAL Out-patients, Mondays, Thursdays, Fridays and Saturdays, 2.0; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9 A.M.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9 A.M.; Orthopædic Cases, Tuesdays, 2 P.M.; Electrical Cases, Thursdays, 9 A.M.

Dr. JAMES JONES, of Lewisham, has removed from 29, Clarendon Road, to 157, Lewisham Road, S.E.

Dr. SEARSON has left Uxbridge and entered into partnership with Dr. HUGHES, of Brighton.

Communications have been received from Dr. GOLDSBROUGH, Dr. MACNISH (London); Dr. JONES (Lewisham); Dr. C. HAYWARD, Dr. WATSON (Liverpool); Dr. HAYWARD (Birkenhead); Dr. ANDREW NEATBY (Sutton); Dr. SEARSON (Brighton); Dr. PERCY WILDE (Bath).

## BOOKS RECEIVED.

*Pocket Book of Medical Practice.* Chicago: Era Publishing Co. 1899.  
*Summaries of Lectures on the Homœopathic Treatment of Tropical Diseases delivered at the Hahnemann Hospital, Liverpool.* Thompson & Capper. 1899.

*Homœopathic Pamphlets.* Series 1 to 5. Boston, Mass.: Adams.  
*Diseases of Children.* By C. Sigmund Raue, M.D. Philadelphia: Boericke & Tafel. 1899.

*South African Health Resorts.* London: Donald Currie & Co. 1899.

*The Homœopathic World.* October. London.

*The Chemist and Druggist.* October. London.

*The Vaccination Enquirer.* October. London.

*The Calcutta Journal of Medicine.* May.

*The Indian Homœopathic Review.* January, February, July & August.

*The Tasmanian Homœopathic Journal.* September. Hobart.

*The Hahnemannian Monthly.* October. Philadelphia.

*The New England Medical Gazette.* October. Boston.

*The Medical Era.* September. Chicago.

*The Clinique.* August. Chicago.

*The Hahnemannian Advocate.* September. Chicago.

*The Minneapolis Homœopathic Magazine.* September.

*The Pacific Coast Journal of Homœopathy.* September. San Diego.

*The Medical Times.* October. New York.

*The American Medical Monthly.* September. Baltimore.

*The Medical Brief.* October. St. Louis.

*Revue Homœopathique Française.* October. Paris.

*The Homœopathic Physician.* October. Leipzig.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; to Dr. EDWIN A. NEATBY, 176, Haverstock Hill, N.W.; or to Dr. WILKINSON, 2, Osborne Villas, Windsor. Advertisements and Business communications to be sent to Messrs. E. GORUS & SONS, Limited, 58, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### CONTROVERSY.

THE value of controversy as a means of arriving at the truth varies with the candour of the controversialists. The Socratic method, as illustrated by PLATO, shows set disputation at its highest; here respect for the protagonist allowed him, almost unchallenged, to arrange the tactical field; the disciples were confident that their master was seeking the truth, and watched the development of his method with respectful admiration. But the spirit of controversy was far different to this when SOCRATES was put upon his trial "for subverting the morals of youth by attempting to make the worse cause appear the better." That dialogue, it will be remembered, ended in a quite illogical proving of *CONTUM.*

It would be neither difficult nor unprofitable to trace the history of homœopathy in the controversies which have risen, like dust, before its every step from its origin to the present time: or, rather, it would be impossible to write its history (save from a purely scientific point of view) without copious mention of the bitter opposition which has accompanied its birth and growth. There is a curious similarity about the method of attack

throughout. It was in 1827 (the year in which HAHNEMANN finished his second edition of the *Materia Medica Pura*; the year in which Dr. Quin began his practice in London) that homœopathy was first commented upon in the English medical press.\* The doctrine is concisely and simply stated with accuracy, no argument is adduced either *pro* or *con*, but we are told that it is purely visionary, and that it will obtain no support on this side of the Channel. In the words of MR. BOUNDERBY "It is un-English." A few months later there followed an article in the *Medico-Chirurgical Review*, by Dr. JOHNSON, in which some foretaste of future virulence may be detected. "Do venesection and purgatives induce diseases resembling pneumonia, ophthalmia and hepatitis, and other inflammations, when these are cured by the above means?" cries the author. "The idea is preposterous." Most unfortunately this tirade was unanswered. It may well be that silence at this stage was responsible for much of the misunderstanding that has followed. Nine years later there was a debate on the same subject in the London Medical Society when an advocate of homœopathy was publicly rebuked for prophesying that a time was at hand when bleeding-lancets would rust in their cases. The debate terminated with an understanding that a subject so provocative of blasphemy should never again be discussed by the Society. And since that day controversy (to dignify it by that name) has followed the same line. CHARLES II. "who never said a foolish thing, and never did a wise one," had at least the merit of being practical when he urged the infant Royal Society to test the statement that a fish did not displace water. The bulk of the profession (under the influence of its press) has never risen to such a height of wisdom as the Merry Monarch. "Ods-bods! let's try it" has been a counsel at once too simple and too risky for generations who have been taught to prejudge the matter without investigation. It is easier to dub homœopathy as "preposterous" and to raise the cry of "made in Germany!"

Education has been looked to for great results. The language which originally stated that learning the

\* "An Outline of the Homœopathic Doctrine," by Mr. J. E. Spry. *Edinburgh Medical and Surgical Journal*, 1827.

ingenuous arts softened manners and did not allow them to be fierce has long been a dead tongue, but still we are hoping for a day when an argument on local fauna will not be punctuated by "chunks of old red sandstone." The word and the blow are not such close neighbours as they were, but we have had a recent reminder that the varnish of civilisation still allows the tints of savagery to peep out when the light is favourable.

Dr. J. W. HAYWARD lately delivered a series of lectures on the homœopathic treatment of tropical diseases at the Liverpool Hahnemann Hospital. Almost of necessity he quoted the statistics of mortality under various lines of treatment, and the figures are such that Dr. HAYWARD would have been justified in sounding a note of some triumph over them. As it was, however, he was content to quote them, and to leave them to speak for themselves. The figures caught the eye of a contributor to the *Medical Press and Circular* of Dublin, who needs must attack them. He characterises them as very remarkable, but *fears* that they would not bear close scrutiny. "We are told," he says, "that while the average mortality from yellow fever is 27·7 per cent., the mortality under homœopathic treatment is only seven. As the actual statistics are not given in the report before us, we cannot very well criticise them, but we should *imagine* that the number of patients suffering from this fell disease who underwent homœopathic treatment must be far too small for it to be possible to base any trustworthy conclusions thereupon. A similarly bold and equally unauthenticated statement is made in respect of cholera. . . . Statements such as these may pass muster with the uncritical laity, to whom the lecturer was addressing himself, but must excite contempt among those who know what little influence purely medicinal treatment has in any of these diseases. It is this very want of candour on the part of practitioners of that ilk, which makes it well-nigh impossible for self-respecting practitioners to meet them on cordial terms, and so long as the arts of the mountebank are resorted to to bolster up this particular system, so long will its adepts be ostracised by their fellows." Mark the masterly transition by which the writer glides from the fear that a gentleman of his own profession may have been misled into an over-statement

of figures (which are confessedly outside the writer's ken) to the full flood of frenzy in which the act is classed with the arts of the mountebank and convicted unverity. The position which the critic takes up is studiously disingenuous. The plea is that Dr. HAYWARD's statements as to the mortality of yellow fever and cholera respectively, are (1) untrue, and (2) being untrue, are (in the writer's *imagination*) based upon insufficient data. The charge against Dr. HAYWARD, is changed as the indictment proceeds from one of error to one of deliberate untruth, vented before an audience intentionally selected as being incapable of distinguishing the truth. Such a charge, were it weightily supported and proved up to the hilt, is one which should only be brought reluctantly and under a strong sense of duty. Dr. HAYWARD, in the full strength of a *mens conscia recti*, might well have replied with indignation and acerbity. He wisely preferred a tone of reason and good sense. His reply, which, together with a letter from Dr. CLARKE, appeared in the next issue but one of the *Medical Press and Circular*, we reproduced in our last issue. The two letters completely traverse the criticisms of our contemporary. They show that Dr. HAYWARD's figures with regard to yellow fever are based upon a total of no less than 32,920 cases, 9,880 of which "underwent homœopathic treatment," and that the figures in favour of homœopathy are rather understated than the reverse. The authorities quoted in support of these figures have never been successfully questioned, though they have long stood in the pages of the *North American Quarterly Homœopathic Journal* and the *British Quarterly*. The statistics concerning cholera are, of course, to be found in a certain Parliamentary Return, moved for by the then Lord GROSVENOR, and are vouched for by unquestionable independent testimony. They are so well known that the better informed among adverse controversialists seldom think it necessary to allude to them. It is further shown that many medical men not addicted to homœopathy were invited to attend Dr. HAYWARD's lectures and that some did attend them.

Our contemporary had charged Dr. HAYWARD as guilty of untruth under circumstances of peculiar meanness. Under examination these charges are categorically and

civilly refuted. Does the *Medical Press and Circular* apologise? Does it rejoice with a gentleman in the complete clearance of his character from an odious imputation? Not such are the *fin de siècle* manners of controversy. "We prefer to leave his figures," it says, "to the judgment of our readers, and it is hardly to be supposed that any of them will be prepared to accept without further enquiry the assertion relating to 'scores of homœopathic practitioners' whose experiences are quoted in the *North American Quarterly Homœopathic Journal*. . . . We are, however, indisposed to lend our columns to the discussion of the merits or demerits of homœopathy, for at this time of day such discussion could serve no useful purpose." We seem to remember that SHYLOCK was somewhat similarly "indisposed" toward the end of the trial scene in *The Merchant of Venice*, but *he* had had to pay for his humourous dealings with ANTONIO.

We are sometimes asked whether homœopathy would not be better serving its own interests by continuing to amass good results and by leaving controversy alone; but we think that there is room for its success in both spheres. We congratulate Dr. HAYWARD on his latest service to our cause, and we wish that we could congratulate our opponents on their champion's style of controversy. As it is, however, the emollient effects of the ingenuous arts appear to be slow; the manners of 1827 bear comparison with those of 1899.

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## STUDIES IN THE MATERIA MEDICA.

### No. II.

By T. G. STONHAM, M.D. LOND., &c.,

Physician in Charge of the Electrical Department, London  
Homœopathic Hospital.

### CUPRUM.

THIS well-known metal with its salts, the sulphate and the acetate, may be considered together, as there is no well-marked distinction between their actions on the human body. The metal and the acetate are chiefly used by homœopaths, the sulphate alone by practitioners of the old school. The double salt, the

arsenite of copper, cuprum arsenicosum, or Scheele's green, partakes of the action of both copper and arsenic, and has been used almost exclusively in intestinal disorders; but its general action is more that of copper than of arsenic, and, until more is known of its therapeutic range, can be provisionally classed with the other salts of copper.

The chief source of copper is copper pyrites, which is a double sulphide of copper and iron. Its atomic value is 63·5; it is electro-positive to nearly all the other metals, and is a good conductor of heat and electricity.

Cuprum has considerable lethal powers, being more poisonous than nickel and cobalt, ranking next in this respect to zinc and cadmium amongst the metals. It kills by arresting the action of the heart. It has a powerful influence over the lowest forms of life and over ferments. Very dilute solutions of the sulphate act markedly on the nervous system of leeches, and one part in 7,500 of water will arrest the action of ptyalin, on starch paste. The experiments of Naegeli on the action of copper in killing algæ are recent, and the account of them has been widely circulated; but they are so remarkable and have such a bearing on the value of homœopathic attenuations that I venture here to repeat them. Naegeli found that he could not keep algæ alive in water drawn from a brass faucet or from water that had been distilled in copper vessels. To test how far the influence of the copper would extend, he suspended four clean copper coins in pure distilled water for four days. He found that this water killed his plants in a few minutes. The water was poured away, the glass rinsed and washed, and again filled with distilled water; the plants died in a short time. He found, too, that if this contaminated water was poured into another clean glass, and that glass was again emptied and refilled with distilled water, that the glass was still able to impart sufficient copper to the water to kill the algæ. He could only get rid of the influence of the copper by rinsing out the glass with dilute nitric acid.

Copper is in the group of drugs which leaves the irritability of the muscle unaffected, but diminishes the total amount of work it is able to do. This is the case with several other drugs having an emetic action, viz., apomorphine, cyclamen, sanguinarin, delphinin, saponin,



zinc, cadmium, and asclepiadine. From this characteristic results the extreme prostration and muscular weakness so marked in the pathogenesis of cuprum, especially when following a convulsion which quickly uses up the diminished reserve of muscular force.

Copper forms an albuminate with animal tissues, and so acts as an astringent and a mild caustic, and it is on account of this action that it is mainly used by old school practitioners, who, in the form of the sulphate, employ it as an astringent injection in gonorrhœa and leucorrhœa, as a gargle in sore throat, and as a wash in ophthalmia. As a caustic it is used to repress exuberant granulation of ulcers, and in trachoma, as well as to remove warts and parasitic skin diseases. It is a very safe caustic as its action is limited to the surface to which it is applied and does not extend to neighbouring parts or deeper tissues. Its astringent properties are also made use of for rectal injections in chronic diarrhœa and dysentery. If to the above uses we add that of an emetic occasionally employed in croup and in cases of narcotic and phosphorous poisoning, we practically exhaust its uses by the allopathic school, though Ringer mentions that in small doses it promotes assimilation and increases flesh and strength in men and animals, and recommends it as an "alterative" in erythema, ecthyma, eczema, scrofula, and tuberculosis.

By following the rule *similia similibus* we obtain a greatly extended sphere for its curative influence. For this it is necessary to first study the pathogenesis. It will be found that cuprum affects principally the alimentary and cerebro-spinal nervous systems, the circulatory and respiratory systems being much less acted upon. To illustrate a case of acute poisoning I take the following from the *Cyclopædia of Drug Pathogenesis*:—"Five children ate of confectionery in which a considerable amount of copper was detected. The following symptoms occurred, unquenchable thirst, headache and giddiness, nausea, dryness of mouth, frequent vomiting of a fluid partly yellow-brown, partly blackish-green, severe tormina at region of navel, suppression of urine, slight tension of abdomen which was tender on pressure, obstinate costiveness with constant tenesmus, pain in small of back, cold extremities, cold sweat. After vomiting had subsided nervous symptoms were

superadded, of which the chief were very severe headache, slight delirium, tearing pain in upper and convulsive movement in lower extremities (especially calves). Great exhaustion, and somnolence (in three approaching to coma): countenance in parts red, at parts very pale. Pulse in four was small, contracted, and slow, in one, a plethoric boy, it was hard, full, and quick with red face and dry skin. One had six attacks of diarrhoea, another one attack of vomiting of blood and mucus. All recovered, but three weeks later one had jaundice, and another a tertian intermittent, with periodic diarrhoea."

That the gastro-intestinal symptoms are due to a specific influence of the drug and not merely to its local irritative action is proved by the fact that similar symptoms occurred in cases of inhalation of copper fumes and also in a case of poisoning by the use of vaginal injections contaminated by copper.

The chronic poisoning by cuprum may be illustrated by a case read in a paper by Dr. Clapton before the Clinical Society, October 8th, 1869.

"W. J. was one of a number of sailors, the crew of a vessel, which during a long voyage was compelled to drink lemon juice which had been kept in a copper tank. The rest of the crew suffered similarly. He was thin and miserable-looking, and suffered from chronic gastro-enteritis. He had frequent vomiting, purging and griping; a patchy tongue, partly furred and partly morbidly red, a feeling of constriction in the throat, coldness and numbness of extremities, a small, frequent pulse, constant headache, and frequent cramp in the legs, a well marked green line on the margins of the gums and for some little distance on the teeth." To complete the picture may be added a case in the *Cyclopædia* reported by Scholitzer, in which "there was complete lameness of the right hand; right arm in constant pronation, hand bent at right angle to arm, thumbs drawn into arm, fingers flexed; motion of elbow remains good, but in hand, especially in joints of fingers, extension is impossible and flexion only partial, upper extremities much emaciated, right more than left, right hand nothing but skin and bone."

It seems that the gastro-intestinal tract is the part primarily affected, but the cerebro-spinal nervous system

quickly becomes involved and often presents the more prominent symptoms.

From the first the collapse, the cramps, and the intestinal symptoms suggested its use in cholera. It was one of the medicines which Hahnemann on the symptoms of cholera being reported to him indicated as likely to prove curative, and it has proved to be so. Drs. Russell and Drysdale in the epidemic of 1849, and Mr. Proctor in that of 1866, used it with great success. The indications for it are the presence of collapse associated with vomiting and cramps. It is the nervous symptoms of cuprum which correspond to those of cholera, the character of the stools differs, and Hahnemann consequently recommended it for the second stage of "clonic spasmodic character."

It has happened more than once that cases of copper poisoning have been mistaken for cholera, and I am indebted to Mr. C. J. Wilkinson, of Windsor, for a very modern instance of it. "A ship's doctor on a voyage from China in a tea-ship was suddenly confronted with an outbreak of diarrhoea, vomiting and cramp (all of a severe nature) among the stokers. This he diagnosed as cholera, and treated with strong infusions of tea as being at once astringent and stimulant. Further enquiry elicited that these men were in the habit of supplementing their ordinary fare by the leavings of the officers' table, which on at least one occasion had been collected and had stood for some time in a copper bucket. As the doctor is a careful observer, the similarity to cholera was probably close. His tea treatment was efficacious, since it brought about an insoluble tannate of copper."

Dr. Clapton, in the paper which he read before the Clinical Society, from which I have already quoted, mentions as a remarkable circumstance that at each of the copper works where he made his enquiries there was an absolute freedom of the workmen from cholera or choleraic diarrhoea, during each of the cholera outbreaks, although the disease made terrible ravages in one or other of their neighbourhoods.

Also at Edinburgh during the outbreak of cholera it was considered amongst the men, 50 in number, of one of the great copper works, a marvellous circumstance that they all escaped. Dr. Clapton attributed these results to the action of copper as a destroyer of minute fungi, and

recommended it to be taken as a prophylactic in small doses during cholera epidemics. We may prefer to think that its prophylactic action is due to its preoccupation of the ground which the cholera poison usually invades rather than to its direct action on the bacilli. It may act in both ways: The two views are not mutually exclusive.

It will be well now to consider the pathogenesis of cuprum in greater detail.

#### THE ALIMENTARY SYSTEM.

*Mouth.*—When there is feverishness with brain symptoms the mouth is dry, but the more usual condition is one of moisture, with slight ptialism, notwithstanding which there is almost unquenchable thirst. The tongue is usually moist, with white or yellow fur and red borders. Sometimes the lips and tongue are stiff and swollen. There may be some blisters on the roof of the mouth and tongue, and the gums are often ulcerated, with a maroon, purple, or green line along the borders of the teeth.

*Throat.*—The fauces are inflamed and swollen, the throat dry, with a sense of constriction, and deglutition is painful. There is nausea and anorexia, and a burning rising from the stomach to the throat.

*Stomach.*—There is much tenderness, with violent pain at the epigastrium, violent retching and vomiting of bilious matter, or sometimes of blood and mucus; vomiting after drinking; weight, weakness, and oppression in the epigastrium.

*Abdomen.*—The abdominal symptoms are those due to intestinal and omental inflammation—viz., general pain, tenderness, and tympanites, with tormina, mostly in region of navel, worse from pressure: and those due to muscular cramp—viz., violent colic with remissions, the abdomen hard and retracted; the patient bends double to gain relief; the pains not increased by pressure. Some jaundice has occurred in a few cases, doubtless from extension of the inflammation to the bile duct.

*Rectum and Stool.*—The colic may be accompanied or followed by green, fœtid, liquid stools, or the stools may be watery and whitish or bloody. There is great urging. The diarrhœa is often followed or may be replaced by obstinate constipation, which is accompanied by constant tenesmus. The abdominal cramps find their counterpart

in a similar condition of the muscular fibres of the rectum and sphincter and of the levator ani, causing attacks of painful urging and tenesmus, with or without discharge of stool. There are involuntary stools during collapse.

It is in the alimentary tract principally that *post-mortem* changes have been found. The mucous membrane of the stomach is inflamed in patches, this condition extending into the duodenum and small intestines and rectum. The omentum is inflamed, as also to a slight degree is the thin border of the liver. The solitary and Peyer's glands and the mesenteric glands are swollen.

Cuprum has been used therapeutically with great success in cases of gastro-intestinal disturbance, the chief indication for its use being the co-existence of violent cramps in the abdomen and leg.

As an illustration of the therapeutic use of copper in gastro-intestinal affections, I quote the following case recorded by Dr. Washington Epps:—

A man, aged 31, had symptoms of gastric ulceration following an attack of influenza. There was violent retching, vomiting of food mixed with bright red blood, black stools; tenderness above and to the right of the umbilicus. Every attack of retching or vomiting was preceded by a cramp in the left thigh. He was given cup. acet. 3x. followed by cup. met. 12, and was soon cured.

Another case reported in the *Therapeutic Gazette* by Dr. Stewart, is as follows:—

A man, aged 62, of bilious nervous temperament was subject to attacks of choleraic diarrhoea once or twice a year. An attack set in with great violence in August last. The stomach and bowels were swollen, there was sickening pain, tormina about the umbilical region, and tenesmus at every stool, which were frequent. Cup. ars. 3 rapidly relieved.

#### THE NERVOUS SYSTEM.

*Mental and Moral.*—In several cases of poisoning by cuprum there were attacks of delirium with lucid intervals. The delirium is accompanied by fever, and a full, quick, hard pulse, and the most prominent mental state is fear. The more usual condition in copper

poisoning is profound dejection and anxiety, a sad and miserable expression, and extreme want of power of collecting thoughts.

*Sensorium.*—Headache, which is often severe and most felt in frontal region. Somnolence and semi-unconsciousness going on to coma. The face pale, cheeks and eyes sunken, the lower jaw hanging down. The pupils abnormally dilated and insensitive to light. Slight deafness.

*Cerebro-Spinal Nerves.*—Severe pressing pain in a straight line from the temples to the angles of the lower jaw. Numbness of various parts, especially of the extremities. Tearing and burning pains of superficial character and changing locality. One case of poisoning mentioned a peculiar sensation in right arm as if it were very much larger than its natural size. Great exhaustion and prostration of strength.

In the motor sphere we have tremulousness, shivering almost amounting to an ague fit, cramps, which may be general or in particular muscles, especially those of the toes, calves and abdomen; convulsions, which are violent, clonic and tonic, and the limbs usually remain rigid in the intervals. Trismus. But the cramps and convulsions are not long continued; like the other symptoms of copper they partake of the spasmodic character of the drug. They are violent, but with intermissions.

The governing condition of the nerves in cuprum poisoning is irritability, with very rapid exhaustion; hence the violence and short duration of the cramps and convulsions, the complete intermissions, and the profound muscular weakness. So also there may be great pain, yet the patient keeps still, the exhaustion being too great to permit of movements.

The therapeutic usefulness of cuprum corresponds with its pathogenesis. It is the prime remedy for cramps in the calves and feet, and for the carpopedal spasms of infancy. It is also very useful in violent after-pains. In epileptic attacks it is more useful when they occur from some reflex irritation than in true idiopathic epilepsy; as, for example, in attacks of convulsions in teething children, and when the irritability of brain is due to suppressed eruption, as in suppressed measles or scarlatina, accompanied by convulsions; or

to suppressed discharges as in epileptic attacks arising from suppressed menses or suppressed milk. It has been clinically observed that the epileptic attacks in which cuprum is curative often begin in the fingers or toes and without immediate loss of consciousness ; and also that they are frequently nocturnal.

Dr. Baertl, in the twenty-second volume of the *British Journal of Homœopathy*, relates several cases of epileptic attacks cured by cuprum. The following is an example:—  
“ A girl, aged 20, suffered from fits for 18 months, dating from a fright by a dog at a menstrual period. They recurred at first every 14 days, and then every five weeks, and began with slight convulsions in the extremities, after which there was convulsive laughter, followed by loss of consciousness, distortion of the eyes, foam at the mouth, rigid spasms of the limbs, with contraction of the thumbs into the palms, and involuntary micturition. Cup. 6 ter die cured.”

The following case, reported by Dr. Mackechnie in the *Monthly Homœopathic Review*, for January, 1898, shows the action of cuprum in choreiform spasm:—  
“ Mary J., aged 48, shirtmaker, for some time has had spasmodic jerks of the neck twisting the head round, frequent, affecting chiefly the sterno-mastoid. Three or four loose stools daily, painless. Catamenia ceased six years, but still has flushes. Cup. met. 3x trit, with a few doses of lachesis for the flushings, cured the case in six weeks.”

In cases of temporary mental aberration, especially when characterised by the emotion of fear, and due to suppressed menses, cuprum is well indicated, and has proved curative.

It has also been employed with success in meningitis, cerebro-spinal meningitis, and hysteria.

#### CIRCULATORY SYSTEM.

Copper causes powerful contraction of the blood vessels and stimulates the capillaries. Its action on the heart seems uncertain, the double salts sometimes stimulating the cardiac muscle, and in large doses causing peristaltic action and final arrest in systole ; and other experiments seem to show it as a depressant, with diminished energy of contraction, and, finally, stoppage in diastole. In two *post-mortems* in cases of poisoning the ventricles were

found dilated and filled with soft coagula, so that in man, at least, it probably acts as a depressant, after, perhaps, a preliminary stimulation.

The pulse may be hard, full, and quick, with red face and dry skin, with fever; but the more usual condition is for the pulse to be small and contracted, whether quick or slow, and the skin cold and moist, with subnormal temperature.

Epistaxis is noted, and also faintings. There may be precordial anxiety or cardialgia. Palpitation.

Cuprum has been found therapeutically of great benefit in cases where a weak heart muscle exists, with attacks of precordial pain like angina pectoris. Dr. Bayes relates a case in his *Therapeutic Notes*. The two following cases have lately come under my own notice:

(1) Mr. F., aged 70. Had rheumatic fever many years ago. For some years past has suffered from attacks of severe pain over the cardiac region, going through to the back, and sometimes down the left arm. They come on gradually, attain a maximum, when the pain is like a hot iron going through him, and then subside. They last altogether from 10 to 25 minutes. They are brought on by sitting or standing in cold air, or if he is chilled; also by excitement or anger; not brought on by walking. They are accompanied by palpitation. He obtains relief by simply standing quite still till the attack has passed. He is worse if he lies or sits down. The heart's apex beats a little outside the nipple line, forcibly and tumultuously. There is a suspicion of a murmur at the apex, while at the base (second right rib) there are loud systolic and diastolic murmurs. The right carotid above the clavicle is thickened and dilated, and visibly pulsates. It amounts almost to a fusiform aneurism. General health good. Cup. acet. 6 given night and morning. This was 11 months ago, and he has had no attack to speak of since.

(2) J. B., aged 57, stout and heavy in build. Three years ago he went for a bicycle trip, and at the end of the third day, after a ride of 35 miles, he fell off his machine unconscious. He has not felt so strong since, and for the past six months has suffered from attacks of sharp pain at the epigastrium and lower sternum, extending as a dull pain to the shoulders, and associated with a feeling of powerlessness in the arms and a tired



feeling in the jaws, so much so that he cannot keep them closed to hold a cigar. The attacks are always brought on by exertion; they never occur while resting. After walking 40 or 50 yards the attack will come on, and he has to stop four to five minutes to recover himself. Has perspired much less lately than formerly. No cardiac lesion discoverable, but cardiac beats and pulse weak. He was given cup. acet. 3, pil. ii. ter die. He soon began to improve, and in about six weeks was quite free from attacks and could resume his profession as a violinist. The perspiration returned.

#### RESPIRATORY SYSTEM.

The respiratory symptoms of cuprum are all due to its action on the nervous apparatus regulating respiration. They are, frequent singultus, short, hurried, irregular breathing, obstinate hiccough, dyspnoea, with laryngeal and bronchial spasm, paroxysms of violent cough without expectoration or physical signs, sharp cramping pains in the chest. Its therapeutic use corresponds. It has been found useful in the paroxysm of asthma and in whooping-cough, especially when there are convulsions. By the old school it is sometimes used as an emetic in croup; possibly a specific influence reinforces the emetic action. The obstinate hiccough present in some of the cases of poisoning suggests its use when this symptom occurs in bad cases of illness, with the patient in a very prostrate condition, and possibly with thrush in his mouth. A weak solution of the sulphate brushed over the tongue and buccal cavity is one of the best means of removing thrush, and the copper would be also indicated by the adynamia and the hiccough.

#### SKIN.

Copper is excreted by the skin in cases of poisoning.

The skin is cold, moist, clammy, even doughy, pale or slightly yellow. There may be much perspiration, increased by warmth of fire or bed.

Petechiæ on chest and arms have been noted, and in one case there were raised spots, red, the size of six-pence, and covered with small blisters. Dr. Hughes says: "A dilution of the acetate has given me quite a fresh power over chronic psoriasis and lepra." Kissel quotes a case in which Rademacher cured an herpetic eruption of long standing with tincture of copper.

## URINARY SYSTEM.

In nearly all cases there is more or less complete suppression of urine during the acute stage of poisoning; in one case there was afterwards painful inability to urinate, requiring considerable time and effort to relieve the bladder.

Cuprum is useful in relieving the cramps and convulsions of uræmia.

## GENERAL CONDITION.

The general condition in acute cases is that of collapse and extreme muscular prostration. In chronic cases there is impaired nutrition, cachexia, wasted muscles, and miserable, dejected appearance.

Perhaps the nearest analogue to cuprum is plumbum, but the differences are well marked, and cuprum is a quicker and much less deeply acting drug. It causes more functional disturbance, but not the profound degeneration of nervous and other tissues which occur with plumbum, and the effects are, in consequence, much less lasting when the source of poisoning is cut off. Arsenicum resembles it as far as regards the gastrointestinal symptoms, but wants the cramps and convulsive action of cuprum.

Externally the sulphate has been the most used; internally the lower dilutions of the acetate and the higher of the metal.

## DISEASES OF THE STOMACH.

By D. MACNISH, M.A., M.B., C.M. Edin.

Assistant Physician to the London Homœopathic Hospital.

(Continued from page 665.)

*Examination of Gastric Contents.*

THE measured quantity in this case was 50 c.c.

Reaction, acid, tested by the blue litmus paper.

Odour, nil. The butyric fermentation is quickly detected by the odour of the contents. The odour is quite as distinctive as that of iodoform. For clinical purposes the test is quite sufficient, if a quantitative examination be not desired.

Mucus, nil. The presence of mucus in any quantity is diagnostic of catarrh. If there be no mucus there

can be no catarrh; so its absence excludes catarrh from the diagnosis.

Hydrochloric acid, Hcl.

The test used here was dimethylamidobenzol 0·5 per cent. in absolute alcohol. Place a few drops of gastric contents on a porcelain plate, and add a drop or so of this reagent. If Hcl. be present, a rose red colour is produced at the junction of the two fluids.

Other tests are Congo red 1 per cent. solution or Congo paper, which become blue if there be any free mineral acid present. Günzberg's phoroglucin vanillin test consists of 1 part vanillin, 2 parts phoroglucin, 30 parts alcohol. Place one drop of the gastric contents on a porcelain dish, add a drop of the solution, stir up freely with glass rod, heat over a spirit lamp. A cherry red deposit is left behind.

Trapæolin test.—Take alcoholic solution of trapæolin, moisten filter paper in the solution, then dip into gastric contents, dry over a flame; a violet colour is produced. Also Boas' resorcin-sugar test. The solution consists of resorcin 5 per cent., sacch. alb. 3 per cent., alcohol ad. 100. The acid gives a cherry red colour with this reagent.

Of all the tests the dimethylamidobenzol test is the easiest, the quickest and most reliable.

Total acidity.—Take 10 c.c. of filtered gastric contents, add 3 drops of phenol-phthalein. Triturate with one-tenth normal sodium hydrate solution until you get a red colour which does not grow deeper on addition of phenol-phthalein.

In this case 9·6 c.c. of  $\frac{1}{10}$  N. sodium hydrate solution is required. Then the total acidity is expressed as 96.

Quantitative estimation of Hcl.

This is the most useful and most difficult test.

Take three platinum capsules, and proceed as on table.

1st. 5 c.c. of gastric contents, add 20 drops of sodium carbonate solution, dry and then glüh.

2nd. 5 c.c. of gastric contents, then dry, then add the sod. carb. solution, then dry and glüh.

3rd. 5 c.c. of gastric contents, dry and then glüh.

Place the three capsules in separate sand baths, heat with Bunsen flame, and watch carefully to prevent burning; it is unsafe to leave them. Keep constantly on the alert to prevent any burning.

In No. 2 you must add the sodium carb. solution before blackening occurs.

After the necessary heating, etc., wash into separate beakers, add nitric acid until effervescence ceases, add 15 c.c. decinormal solution of argent. nitrate to each of them. Filter, then wash with water three times, tritrate with decinormal solution of sulphocyanide of potassium (KCNS), and use iron alum as indicator. Tritrate each until pale salmon colour is produced.

1 c.c. of KCNS = 0.00365 of Hcl.

Now calculate each one of them separately.

No. 1.—In this case 17.9 c.c. of arg. nitrate were used and 12.5 c.c. of KCNS.  $17.9 - 12.5 = 5.4$ .

Multiply 5.4 by 0.00365 = 0.01972.

As 5 c.c. used, multiply by 20. No. 1 = 0.3944.

No. 2.—Here 10.5 c.c. of KCNS and 15 c.c. of arg. nitr. used.  $15 - 10.5 = 4.5$ .

Multiply by 0.00365 = 0.164.

Multiply by 20 = 3.285. No. 2 = 3.285.

No. 3.—Here 5 c.c. KCNS and 6 c.c. of arg. nitr. used.  $6 - 5 = 1$ .

Multiply by 0.00365 and by 20 = 0.0730.

So No. 1 = 3.944.

No. 2 = 3.285.

No. 3 = 0.730.

No. 1 = Total Hcl. = 3.944.

No. 1 - No. 2 = Free Hcl. = 0.659.

No. 2 - No. 3 = Combined Hcl. = 2.555.

No. 3 = Salts = 0.73.

(To be continued.)

## A CASE OF CHRONIC SPINAL NEURASTHENIA OF TEN YEARS' STANDING WITH UTERINE COMPLICATIONS. RECOVERY.

By GILES F. GOLDSBROUGH, M.D.

Assistant Physician to the London Homœopathic Hospital.

With REMARKS by GEORGE BURFORD, M.B.,

Physician for Diseases of Women, London Homœopathic Hospital.

THE following case exhibits many features worthy of note from the point of view of the causation of chronic disease generally. Clinically, the details of the case are instructive, and from the fact of the patient's

recovery after so long a period of helplessness, the value of certain principles of treatment are well illustrated.

E. T., age 38, married, has been under my observation for a period of twelve years, so that I can verify the history of the case for that period.

*History.*—Patient had diphtheria at eighteen months old. A year later an abscess formed in the left axilla. At four years of age she had "gastric" fever severely, and measles at five. When nine years of age a tumour (nature uncertain) formed on the left shoulder, which was cured by vaccination upon it. At ten years of age erysipelas of the face ensued, lasting three weeks. Also about that period patient began to suffer from leucorrhœa and pains in the breasts. At thirteen she had chicken-pox very severely, from which she was ill six weeks. Menstruation soon afterwards began and was attended by pain in the breasts and back, weakness and nervousness. From the time of the menstruation backache became constant, with much fatigue on standing or walking. The periods became regular after six months and lasted seven days, the discharge being dark and clotted. An attack of pleurisy at fifteen and subsequently varicose veins, dyspepsia and chronic constipation brought the patient's list of ailments up to marriage at twenty years of age. Patient has had four children, the first being born nine-and-a-half months after marriage. On this occasion the perineum was lacerated and septicæmia ensued, the febrile state lasting six weeks. Convalescence was very slow and attended with much debility, especially as regards power to walk. In eighteen months the second child was born, with less untoward results, although convalescence was much retarded by debility, and a backache and periodic distress were never absent. About this time the patient was treated by the late Dr. Morrison, of Clapham, for ulceration of the womb, and ordered complete rest, with the application of glycerine tampons. She came under my care at the time of the third confinement, which took place without untoward event, except that convalescence was prolonged. A year and a half afterwards the two elder children died from diphtheria within three days. Patient had a mild attack of the disease, and became completely prostrate from the shock. She did not walk for six months and then only with the help of crutches.

The uterine condition evidently concurred in maintaining the state of debility. While the patient was using crutches another pregnancy took place, and a fourth child was born a year after the loss of the other children. The confinement was normal, but a long time ensued before walking was again possible. However, improvement did slowly go on until an attack of follicular tonsillitis brought the inevitable prostration on again, and this time recovery of the power of walking seemed impossible, and the patient remained *hors de combat* for eight years. Constipation, retroflexion of the uterus, cervicitis, ovarian pain, spinal myalgia, almost constant headache, complete anorexia, with an accompanying nervous irritability and weakness characteristic of a profound state of neurasthenia continued in spite of all treatment until admission to the London Homœopathic Hospital on May 12th, 1898.

*Condition on admission.*—Is very prostrate, especially after any effort to exert herself. There is a little occipital headache. Sleep is disturbed by dreams. Depression of mind with irritability at times. With the exception of the pelvic condition, the organs of the body present but slight evidence of abnormal change. Functional change, however, is evident everywhere.

*Nervous System.*—*Sensory.*—Special senses normal. Pain down the arms at intervals. Hyperæsthesia of the dorsal region of the spine in its whole length extending to a few inches from the middle line on both sides. Pressure over the spinal column produces nausea. The cervical and lumbar regions are less sensitive. Always pain of a grinding character in the dorsal region and stinging in the sacral. No girdle pains. Sensation—common, tactile, heat and cold otherwise normal. Extremities often feel as if in cold water. *Motor.*—Upper extremities normal. Patient cannot stand on account of weakness from the hips, she says. If an attempt is made to induce her to stand, the lower extremities give way entirely. The legs can be moved readily in bed, however, or pushed against an object. *Reflexes.*—Plantar absent although tickling is felt. Knee jerks sharp, normal in degree. *Trophic condition.*—The skin is pale, dry and thin. Nails ribbed longitudinally and brittle, fingers tapering. All muscles flaccid and thin, especially of lower extremities. The feet are

deformed from prolonged decubitus, the deformity reaching almost to pes cavus—extreme extension, marked increase of the plantar arch, a raising and prominence of the instep, and almost complete immobility of the tarso-metatarsal articulations. *Electrical reactions.*—

All muscles react to the Faradic current although more feebly than normal. To galvanism there is an increased reaction on closing the current with the negative pole, accompanied with pain. Accordingly the reaction of degeneration is excluded. *Alimentary System.*—There is complete anorexia, the tongue clean, no nausea, fulness after food, obstinate constipation. The abdomen is flaccid. *Reproductive System.*—Tenderness in left ovarian region. Some swelling deep down on the right side of the pelvis a little above Poupart's ligament. A vaginal examination by Dr. Burford indicates the uterus as prolapsed, lying on the pelvic floor, quite mobile, the cervix being enormously hypertrophied and somewhat lacerated. Patient has been wearing a ring pessary. There is much leucorrhœa of an intermittent character. Menstruation fairly regular, discharge intermittent, colour dark or normal, quantity variable. *Urinary System.*—Micturition is delayed, not painful; urine clear, quantity averaging 35 ounces per diem. Sp. gr. 1016, faintly acid, no albumen, a trace of phosphates.

*Diagnosis and Prognosis.*—An important point in diagnosis was the exclusion of organic spinal lesion or the presence of neuritis. The condition of the kneejerks observed on several occasions was sufficient to exclude the latter, also degeneration of the posterior columns of the cord. Moreover, there were no pupillary symptoms to indicate tabes. The increased reaction to closing the kathodal galvanic current showed weakness and irritability of the centres and nerves rather than organic change. As regards the anterior cornua, the wasting of the muscles was general, and not affecting individual muscles or groups. Moreover, they all retained their Faradic irritability although in diminished degree. Disease of the lateral columns was excluded by the absence of spastic contraction and increased knee-jerks, notwithstanding the deformity of the feet. The latter had been brought about solely by the prolonged decubitus. Thus the exclusion of spinal cord disease was not difficult. The case was evidently one of severe neurasthenia, and

this view rendered the prognosis far more hopeful than it otherwise would have been. As regards prognosis it should be noted that the family history was good, and there was nothing which could be discovered in the patient's early life and surroundings which would render her specially liable to acute or chronic disease.

*Treatment.*—In receiving a case of this kind into hospital, the problem presented itself as to what plan of treatment would be most likely to lead to the ultimate recovery of the patient, and which of the multitudinous conditions should be attacked first. I had for some long time come to the conclusion that no further plan adopted at home would be of any avail. The patient's state of invalidism was absolutely chronic, and her *morale* in relation to it was one of hopelessness, created by length of time and failure of measures hitherto adopted. A *sine qua non* for success was also improvement in the position and condition of the uterus, which could only be brought about by operative measures. Although a course of Weir-Mitchell treatment offered some chance of recovery for the neurasthenia, unless the pelvic distress were mitigated much improvement would not be likely to ensue from Weir-Mitchell treatment alone. In the two plans of treatment conjoined the case looked more hopeful. In this Dr. Burford, whose aid I had previously sought in the case, concurred. As the patient's state was not at the time of admission fit for operation, however, it was decided to begin with a modified Weir-Mitchell treatment, such as could be carried out in the general ward of the hospital. The patient was prohibited the visits of her friends, save her husband. She was kept continuously in bed. She was ordered half-a-pint of milk every two hours, and no other nourishment save a little barley water. A daily short course of massage was also carried out. This consisted of general massage, with special attention to the muscles and joints of the lower extremities. Active and passive movements of the latter were the chief feature.

This course of treatment was continued for seven weeks. The effect was marked in several details. The stomach resisted the forced ingestion of milk somewhat at first, the tongue becoming thickly coated. On perseverance, however, this disappeared. There was no



vomiting or other untoward symptom. The muscles of the extremities began to gain in tone, and the ankle joints became more mobile. She gained in flesh; the skin became less dry and unhealthy. The patient became fairly reconciled to the new condition of things, and more hopeful. As regards the uterine state, the patient had for some time been treated by ichthyol-glycerine tamponade, perseveringly carried out. Early in July uterine operation (curetting, with repair of the lacerated cervix) was performed by Dr. Burford. On July 19th the wound was examined by Dr. Burford, and reported by him to be healthy. On the 23rd the stitches were removed. The patient's general condition after operation was one of considerable prostration, and she disliked nourishment very much. Milk was given, however, and fish ordered as soon as it could be taken. The massage was resumed, and on July 29th the Faradic current was applied to the muscles of the lower extremities for ten minutes. This stimulation seemed to do good, and the treatment was continued until September 9th, when the patient left the hospital. She was carried into the hospital and had to be carried out again, but there was considerable difference in the condition on the two occasions, and the measures which had been adopted in the hospital were evidently a preparation for the recovery of the power in the limbs, which ensued in a comparatively short interval after returning home. Not the least important change in the condition of the patient was the moral one. The enforced restraint of the hospital had been painful, and the return to a home of refinement and happiness acted as an excellent tonic to the emotional system. But, more than this, the patient was made aware that everything had now been done in the way of operative means which could be done to facilitate her recovery, and it was the united opinion of her medical advisers that there was nothing to prevent her walking if she could acquire the power to do it. The treatment by nourishment, Faradism and massage, was continued at home, and now, as the will of the patient was directed to the acquisition of the power, with the full expectation she would regain it, she began to regain it, and the result afterwards was never in doubt. She surprised her medical adviser as well as her friends. There was a

danger that too much effort would be put forth to walk. Considerable pain was experienced in all the tissues of the limbs, skin, muscle, bone, nerves. On first putting the feet to the ground, the heels did not touch the floor, much tenderness of the soles was experienced, but these gradually improved with use. The patient stood alone for the first time at the end of October. In the course of a few weeks she walked with help. By Christmas time she walked alone, and towards the end of January she walked out of doors alone. Recently, she visited the hospital to see her son who was there for an injury to his head, and afterwards to see another patient. Her recovery of walking power is therefore complete.

The drug treatment adopted recently is unimportant, *ignatia*, liq. strych. phos., argent. nit., *pulsatilla*, being chiefly employed.

REMARKS: BY DR. BURFORD.

From the uterine side, two factors seemed to me to be mainly operative in the production and perpetuation of this patient's condition. The first in point of time was the exhaustion of certain motor centres in the cord from repeated parturition. That a predisposition to paresis existed, the clinical history sufficiently attests. But that the stress of parturition was the predominant factor in its production the course of this and similar cases clearly indicates.

Barnes ascribes the paretic condition "to the shock of labour telling upon the spinal cord," and speaks of it as likely to recur. The issues of the seizure are temporary or permanent. I have seen an instance of the latter, the patient being apparently incurable; treatment was unavailing. In Dr. Goldsborough's case the condition, though chronic, was practically cured years after its inception.

The second important factor, the factor chiefly responsible for the persistence of the weakness, was the reflex inhibitory influence issuing from a chronically diseased uterus. This organ was very large, firm and hard; persistent retroflexion to my knowledge had existed during the whole time of the patient's invalidism.

Technically, the state was that of chronic metritis, chronic endometritis, retroflexion and descent.

I entertained definite views as to the rôle of the pelvic organs in the perpetuation of the paresis. Taking into

account the chronic organic changes in the uterus, I advised complete removal of this organ as guarding most completely the interests of the patient. To this radical procedure demur was expressed. I therefore contented myself with a careful and protracted tamponade, followed by thorough curetting; the lacerated cervix was at the same time repaired.

I regard these procedures as materially altering both the nutrition and the reflexes of the uterus, and thereby removing one bar and hindrance to effective general treatment for the restitution of those functions of the spinal cord hitherto in abeyance. Certainly the issue of the uterine interference was more prolific in results and marked more definite progress than before-time. It is certain, however, that the instability of the spinal centres involved still exists; any special stress, specially that of septic poisoning, diphtheritic or other, would most probably repeat the old-time results, and so also would the strain of renewed gestation. For this reason I think the more radical procedure would have better assured the future.

Finally, I look upon the defective involution of the uterus as probably due to the central neural defect otherwise expressed in the loss of locomotory power. The worst element of the vicious circle was that the subinvolution culminated in changes which perpetuated by reflexes the ~~same~~ condition of cord which was the *fons et origo mali*. I heartily congratulate Dr. Goldsbrough on the skill and discrimination which marked the whole plan of campaign, no less than on the almost dramatic outcome of the treatment.

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### A CASE OF NERVOUS PALPITATION.

By ANDREW M. NEATBY, L.R.C.P. & S. Ed.

Mrs. K. came to me on the 24th of April, 1896. She had been suffering from palpitation for about three months and also from considerable faintness. The attacks of palpitation came on suddenly with much violence. On one occasion an attack came on in a place of worship, compelling her to go out. She complains of frequently suffering from sensation of swelling or choking in the throat with dyspnoea and occasionally from anæsthesia down the right side. She used to

suffer considerably from headache but has been freer from this trouble latterly. There is great weakness about the back with pain, aggravated by sitting and stooping. The appetite is fair, the bowels regular, and the sleep satisfactory. Sulph. 6 gr. i. n. and m. for 4 days, then to be followed by ignatia  $\phi$  m.i. ter.

13th May. Feels better "in herself." Back stronger and much freer from pain. The palpitation and throat symptoms persist. Naja 6 p. iii., n. and m.

1st June, 1896. Had an attack of palpitation on the evening of the 13th May and the day after, but did not have another till yesterday. This last attack, moreover, was but slight. She feels stronger and more fit for exertion. Continued once a day.

29th June, 1896. Palpitation better but has not yet completely disappeared. Back giving occasional trouble. Is having occasional headache over eyes and nose. Continued for two or three days, then naja 30, n. and m.

Patient did not call again, but wrote to me three months later to say that she was free from the palpitation and nervousness.

*Remarks.* — 1. A comparison of the symptoms enumerated above with those that appear under naja in the *Cyclopædia* (iii. 328) will suggest the reflection that the patient needed no other remedy than the naja.

2. The symptom of palpitation occurs repeatedly in the provings described in the *Cyclopædia*, but is by no means so prominent as the reputation of the remedy in nervous palpitation would lead one to expect. See *Annals and Transactions of the British Homœopathic Society*, vi., 440.

3. The sense of choking, so well known in connection with the neurotic troubles of women, is recorded by Dr. Russell as having been experienced by himself when proving naja. He had never felt it before. *British Journal of Homœopathy*, xi., 594.

4. There is an interesting naja case recorded in the *Annals and Transactions of the British Homœopathic Society*, i., 297. This is, however, a case of organic heart disease. It nevertheless illustrates the relation of naja to palpitation, inasmuch as when that symptom persisted after nearly all the other symptoms had been relieved by lachesis, naja was given with very great benefit.

## REVIEWS.

*Diseases of Children.* By G. SIGMUND RAUE, M.D. Philadelphia : Boericke & Tafel. 1899. pp 478. Price \$8.

THERE was room for a modern systematic treatise upon the diseases of children and we are very glad to see Dr. Raue's effort to occupy the gap. To say that it was "good for children" has been a favourite method of damning homœopathy with faint praise for two generations; but, while we have accepted the praise, we have refused to feel hurt by the contemptuous tolerance which it indicated. Our brethren who hold the other end of the stick have long since come to recognise that the treatment of children's diseases is worthy of a man's best efforts, and such hospitals as that in Great Ormond Street, and such books as those by Ashby and Wright in England and by Holt in America indicate the zeal with which they are emulating our success in that direction.

Homœopathy is especially successful in what is now-a-days called Pædiatrics, for several reasons. One of these is that it provides for a due recognition of those diathetic and temperamental differences which are essential factors in the problems to be solved; another reason is that it provides for the premonitory conditions (often only vaguely discernible) which precede the development of serious illness, and a third (to name no more) is that *il ne faut pas brutaliser la machine* if a thoroughly successful result of treatment is aimed at. The reproach which is often launched (not without some excuse of fact) against our pathogeneses, that they are overloaded with symptoms of purely subjective sensation, contrasts curiously with the admitted fact that our system wins some of its most marked victories where (for obvious reasons) only objective symptoms are available. Such considerations of the special value of homœopathy in infancy and childhood ensure a cordial welcome to any work worthily treating of its application to their diseases.

Dr. Raue opens his book with four chapters on "Nursing and Hygiene," "The Methods of Clinical Examination," "Methods of Recording and Prescribing," and "Infant Feeding." In the last named he manages to give a sufficient and very practical guide in a difficult subject in the space of twenty pages, giving due prominence to the modern methods for modifying cow's milk to the human standard. In an English work we should have expected a mention of the excellent series of infant foods prepared by Messrs. Allen & Hanbury. We could wish that our author had found space while he was considering either the methods of clinical examination

or marasmus for a table of average weights and measures of children at various ages. The work passes on to a systematic study of diseases. It is not necessary for us to follow it step by step. It will suffice to say that we find evidence of careful work, judicious reading and wide experience in every section. The last chapter, that on infectious diseases, strikes us as particularly good and up-to-date. "Koplik's sign," the minute bluish-white speck in the centre of a reddish spot on the buccal mucous membrane, is, for example, mentioned as absolutely pathognomonic of measles in the prodromal stage. Diagnosis is thoroughly considered, and the indications for remedies are not neglected. We think, however, that these indications are frequently too much restricted to their occurrence as classical symptoms in each disease as it is considered—in other words, that they are given upon a basis too distinctly organopathic. To give an example, in the indications for the drug treatment of gastralgia we get (p.97), "Colocynth—cutting pains concentrating in epigastrium, relieved by firm pressure and bending double (compare bell.)." Now, in the gastralgia of infants, they are unlikely to inform us that the pains concentrate in the epigastrium though they may bend double on their occurrence. The indication that each onset of pain is heralded by sudden anger and by the throwing away of whatever happens to be at hand, though not essentially gastralgic, is more obvious and therefore more valuable. On the same page and on the same subject, "Lycopodium—hungry feeling, but sudden repletion after eating a few mouthfuls. Lithæmia; constipation; flatulence." There is a well-known and very characteristic indication for lycopodium, viz., that the child awakes with irritation due to dryness of the nasal mucous membrane, which induces vigorous rubbing of the nose. Whatever may be the nature of the association, it will seldom fail to indicate the drug when its other symptoms are present. It is just such small indications that lead to a correct prescription. There are occasional *lapsus calami*. Thus, on page 288 we read "Papular eczema presents certain features *peculiar* to lichen ruber planus."

If Dr. Raue's book were unimportant we should have overlooked these matters. It is far from unimportant, for it puts in our hands a work on a subject of primary interest, seen from our own point of view and carried out on a scale which is likely to make it rank high among our best books. We look forward to the appearance of an enlarged and improved second edition at an early date.

*Homœopathic Pamphlet Series 1—5.* Boston, Mass.: F. M. Adams, Seaverns Avenue.

In no city of the United States have its citizens devoted greater or better-directed energy in making known the value of homœopathy, both to the physician and the patient, than have those who are proud of regarding themselves citizens of Boston—"the hub of the Universe," as Dr. Oliver Wendell Holmes termed it. That the Bostonians have so distinguished themselves is, we have no doubt, due in the greatest possible measure to the life-long work, the never-tiring energy, the always unruffled geniality of the late Dr. Talbot. In the publication before us we have the firstfruits of a new departure in the same direction. The idea of publishing a series of treatises on homœopathy, each embracing one or more special phases of the subject, but fewer in number, less elaborate, and consequently less expensive, than the collection issued by the Homœopathic League, originated with one of the medical clubs of Boston.

The following table of contents will give our readers some idea of the method of instruction pursued in those already published:—

**No. 1. WHAT IS HOMŒOPATHY?**

The origin of homœopathy. The principles upon which homœopathy is founded. A few familiar examples of the homœopathic action of drugs. Advantages of homœopathy. Allopathy estimated by its own leaders. The scope of homœopathy. Do the so-called "homœopathic specifics," sold at drug stores, represent genuine homœopathy?

**No. 2. EVIDENCE OF THE TRUTH OF HOMŒOPATHY.**

The progress of homœopathy. Who are the followers of homœopathy? Is homœopathy applicable in severe diseases. General results from hospital reports. Comparison of mortality in the two schools from health reports of cities. Economy of homœopathy.

**No. 3. THE SMALL DOSE OF HOMŒOPATHY.**

The necessity of small doses in homœopathy. The actual amount of medicine in the homœopathic dose. Misrepresentations of the small dose in homœopathy. The infinitesimal divisibility of matter and its effect on the action of drugs. The action of infinitesimal amounts of substances on the healthy human body. The single remedy of homœopathy. The size of the allopathic dose of to-day and the influence homœopathy has had upon it.

**No. 4. HAHNEMANN.**

His achievements in medicine. His discovery of the

homœopathic principle. His published works. His denunciation of the drastic measures of the old school. A summing up of his characteristics and achievements. Tributes to Hahnemann by physicians not of his school of practice.

*Persecution of Hahnemann and his followers.*

*Why homœopathists became and why they remain a separate school in medicine.*

#### NO. 5. WHAT HOMŒOPATHY HAS ACCOMPLISHED.

The great changes brought about through the influence of homœopathy in abolishing obnoxious and injurious methods of treatment are made strikingly apparent, and it is also made clear how much has been accomplished by homœopathy in other directions.

*The difference between homœopathy and allopathy of the present day.*

*The physician who practises both ways.*

[ *Who are the "regulars" and which is the "rational school"?*

Recognising as facts that a knowledge of the principles usually connoted by the word homœopathy is but imperfect among even very many of those who, when needing medical help, resort to the services of a physician who is known to practise homœopathically; that it is widely denounced in terms at once ignorant and offensive by the majority of persons; that those members of the medical profession who have studied it and adopted it into their practice are still, in too many instances, alandered and professionally ostracised in consequence of having done so; those who have issued these pamphlets rightly conceive that all who avail themselves of homœopathy when ill should have a definite idea of the principles upon which the mode of treatment they have found advantageous is based, especially as in these days of general enlightenment it is absurd to contend that educated, well-read and thoughtful people are not capable of intelligently appreciating the facts upon which these principles are based. Further, it is desirable that those who are practically advocates of homœopathy should be able to reply in some measure to such as actively oppose it. To illustrate this we may recall the fact that Dr. G. M. Gould, of Philadelphia, the editor of the *Medical News* of that city, during the autumn of 1892, offered a prize of a hundred dollars for the best essay showing "the ridiculous pretensions of homœopathy" in a style "adapted to the commonest lay understanding," the successful essay being announced to be supplied to physicians in quantities for distribution "at the cost of printing." The essay was written and the prize awarded. We never saw it, and have never heard anything



of it since. But such essays as those before us are needed to meet the attacks of men like Dr. G. M. Gould's friend, who was rewarded with a hundred dollars for providing him with "something clear, strong and practical" to expose "the falsehood and folly" of homœopathy!

As the author of No. 1 pamphlet says, "opponents of this system may censure such professional publications for the laity, but *they* never hesitate to disseminate popular reading matter against homœopathy," and this particular effort of the editor of the *Medical News* it was supposed "would prove a dynamite bomb wherever it went. It is being extensively circulated, but it is harmless, except to those who are unfortunately misled by its statements." To preclude readers of it from being misled, the whole subject is in these pamphlets clearly explained by physicians who have had years of experience in the practice of homœopathy after having first of all made a careful study of the principles thereof.

In defining *The Scope of Homœopathy*, the author of the first pamphlet says, "homœopathy is a *part* of medical science. It is not medicine, but a great reform in one of its departments. It has no new anatomy, physiology, pathology or chemistry. It has no new surgery or midwifery, although it has made great improvements in the medical treatment of surgical and obstetrical cases; and it utilises the sciences of toxicology and pathology in a manner impossible before the discovery of the law, *Similia similibus curentur*."

"It is only in that which concerns the administration of drugs that the practice of the homœopathic physician differs from that of the ordinary school. In all other branches of medical treatment the two schools are agreed. Hygiene, the therapeutic employment of cold and hot water, general sanitation, and all such are common property of both schools."

"Homœopathy is applicable to all real diseases. But many conditions frequently arise, of such a nature that chemical or mechanical measures of treatment are demanded, as, for instance, the emptying of the stomach or bowels of recently-taken poison or irritating substances, and the administration of antidotes, the evacuation of the impacted contents of the bowels, the suppression of sensibility to pain for surgical purposes or after painful injuries, resuscitation after dangerous hæmorrhages; here the homœopathic law does not apply, because the conditions which demand such treatment are not real diseases. The homœopathist must meet these obligations by drawing upon the resources common to all schools."

Again, in the fifth pamphlet the writer says: "Homœopathy does not consist in the administration of drugs in small

doses. It owes its success over the other system of practice to the law according to which its medicines are given."

The writer of the second pamphlet on *The Evidence of the Truth of Homœopathy*, prefaces his "conclusive evidence in favour of homœopathy in the form of results from practice" by some remarks on the character of the opposition it has met with. "Professional opponents of this system," he says, "scorn to put it to the practical test, but content themselves with condemning homœopathy by arguments, largely born of ignorance and prejudice. Homœopathy," he continues, "courts investigation. The pioneers of homœopathy were allopaths who had investigated." Our opponents go, or in years gone by, did go, considerably beyond this. In a review of the late Dr. Sharp's *Tracts on Homœopathy*, published in the *Athenæum* for December 30th, 1854, we read, "The man who is inclined to investigate this folly already betrays unsoundness of mind, and we would warn him against experimentation on the subject, which will be almost sure to end in his adopting the delusion." The practical test made at the bedside of employing a small dose of a homœopathically-selected medicine in the treatment of disease is the one test that they dare not apply! The writer further illustrates the effect of such a trial in one instance; he says, "A leading British medical society appointed a committee of five of its members to investigate and expose the 'humbug' homœopathy. Two of the number became homœopaths, the other three never reported." The anecdote is correct enough, save in one particular, it was at a *Viennese*, not a *British*, medical society in which this occurred. The only occasion on which homœopathy was discussed in a British medical society of the old school was in November, 1836, when, at the London Medical Society, after a paper by Mr. Kingdon, a well-known surgeon of that day, had been read and discussed, a resolution was passed that the subject should never be mentioned in that society again! The proceedings are reported in the *Lancet* of that time.

Not a few reject all clinical evidence of the power of small doses of homœopathically-selected medicines to control disease, because, having only used measures on a totally different principle from the homœopathic, they have never been able to exercise such control, so they at once deny the title of the observers who have treated disease homœopathically to have any confidence placed in their observations! Thus, in our November number we quoted a paragraph from *The Medical Press and Circular*, in which the editor, referring to Dr. Hayward's lectures on Tropical Diseases, says: "We are asked to believe that a normal mortality of 27·7 has fallen to

7.0 per cent. under treatment by homœopathy, but before doing so we should require to know how much confidence the statements of these Transatlantic authorities are entitled to inspire." These statistics related to yellow fever, and were largely representative of the work of the late Dr. Holcombe of New Orleans, a physician who died about five years ago at the age of 68, having passed his whole life in that city, where his reputation both as a man and a physician was of the highest. During successive epidemics of yellow fever he had displayed an amount of energy in contending with the pestilence that it is difficult, if not impossible, to describe, while his success in dealing with it was notoriously remarkable, and rendered his position in the south as an authority on the nature and treatment of the disease of the highest. Others who were closely associated with him, especially in the epidemic of 1878, with most of whom we were personally acquainted, were physicians of well-known professional ability and gentlemen of the highest integrity.

Dealing with this point, the writer of the article on *The Evidence of the Truth of Homœopathy* says :

"The number, the skill and the integrity of the medical witnesses, lay and professional, are ample evidence of the truth of homœopathy. In the United States alone there are to-day over fifteen thousand homœopathic practitioners, and over ten millions of non-professional followers. Every homœopathic physician from the time of Hahnemann to the present day, by his open adherence to the law of the similars, testifies to its success in practice. The pioneer homœopathists were educated in the same schools as their allopathic brethren and had the same diplomas, and this also applies to many homœopathic physicians of to-day. Is it conceivable that the thousands of practitioners in this country and in Europe, in addition to those who are dead and gone, could be deceived? And if this were possible, their delusion would soon be checked by the public, who are their patients, and fully able to judge of the comparative results of one system of treatment over another."

This pamphlet gives a very clear and accurate account of the results following the administration of small doses of homœopathically-selected medicines in some of the most formidable of acute diseases, and their accuracy is such as to defy contradiction.

Who, says the writer, are the followers of homœopathy?

"It is in the most intelligent and cultivated communities that homœopathy is most popular. It is the medical practice of thinking and progressive people. Professional men in the United States are treated by homœopathy in numbers out of

proportion to their following of the old school. What better evidence could there be of the truth of homœopathy than that it is the practice of the most representative people—those most capable of understanding it? The ignorant mind is satisfied only with something drastic which will make a powerful impression, forgetting that the most potent forces in nature are the most simple and least ponderable."

That this estimate is a correct one is clear from the following paragraph on the preceding page:—

"Every allopathic writer against homœopathy has quoted the remarks of Oliver Wendell Holmes (M.D.) on the subject. 'Dr. Holmes recklessly assumed the rôle of prophet, and predicted that in forty years the "fad" would have expired, and not a homœopathic physician would be found in the United States. Many years after that prediction the American Institute of Homœopathy, representing at that time several thousand homœopathic physicians and an ever-increasing homœopathic public, held its annual session in the city of Boston, under the very nose of the illustrious prophet. The city gave the institute an official recognition, appropriating several thousand dollars for a splendid banquet. At the present day there are more than a thousand homœopathic physicians in the State of Massachusetts. On a late occasion when a call was made for some large additions to the homœopathic hospital in Boston, nearly \$200,000 were contributed by the city and state, and \$850,000 were raised by private subscription.' In the year 1898 this hospital received in bequests alone \$896,000, and its charter has had to be changed more than once to enable it to hold so much property. Is homœopathy dying out?"

In concluding the details of the evidence of the truth and value of homœopathy, the author makes the following very fair challenge to our opponents:—

"In addition to such exact data, thousands of creditable witnesses tell us that all curable diseases are, for the most part, readily cured by the new method. Try the medicines. Why should you not? If they succeed, it is a great blessing; if they fail, publish the failure. This is the only fair and honest way to oppose homœopathy."

The third pamphlet of the series deals in a very fair and interesting manner with the *Small Dose of Homœopathy*. In opening his discussion of the subject, the author very appropriately prefaces it by saying:—

"The small dose of homœopathy has always been a fertile subject for the ridicule and misrepresentation of its opponents. But it must be understood that the small dose is *not* homœopathy. It is the principle, the law *Similia*

*similibus curentur*, which constitutes homœopathy, in whatever dose the medicine may be given."

Quoting on the sixth page a sentence on the infinitesimal amount of pollen in which Dr. Blackley has shown by the experiments related by him in his well-known work on *Hay Fever* to be sufficient to commence an attack of the malady, the writer here and in two or three subsequent paragraphs mentions him as *Dr. Blakely*. We hope that in subsequent editions this error will be corrected.

On the ninth page we are told that "through the influence of homœopathy the allopathic dose itself has of recent years been greatly reduced in size." This, we think, is doubtful. It is only when the supposed allopath is practising homœopathically that the dose is reduced in size, the illustration which the writer gives of his statement proves that such is in reality the case. Thus he says that "Professor Ringer in his *Handbook of Therapeutics*, writing upon the treatment of some forms of dysentery, states: 'A hundredth of a grain of bichloride given hourly or every two hours, according to the severity of the case, is generally sufficient, rarely failing to free the stools of blood and slime.'" Bichloride of mercury is not allopathic to dysentery, but homœopathic, as Professor Ringer and every one else knows. The hundredth of a grain given in dysentery is as much a homœopathic dose as the globules of the 6th dilution given by Dr. Fleischmann in Vienna in the same condition, and much to the astonishment of Dr. George Balfour, quite successfully.

The fourth pamphlet of the series gives an interesting sketch of the life of Hahnemann, of the persecutions his demonstration of homœopathy entailed upon him, and of such as have befallen those members of the profession of medicine who have adopted his therapeutic views. At the present time these are largely forgotten. This should not be the case. The writer quotes Dr. Helmuth of New York, who, in an article entitled *Sectarianism in Medicine*, commenting on the persecutions of the homœopathists, states: "Professional and social ostracism by the old school was the lot of every homœopathist. Whole families were parted because a relative saw fit to call upon or was interested in a homœopathic practitioner. No homœopathist, avowed or even suspected, was allowed a place in the medical societies. No homœopath was allowed to darken the doors of a hospital."

"Dr. Helmuth collated some of the articles against homœopathy—contributed and editorial—which appeared in leading allopathic journals in the early part of the latter half of this century; in relation thereto he writes as follows: 'Dire anathemas against the system; predictions of its

immediate dissolution (forecasts of a similar nature are occasionally made even now); libellous attacks upon Hahnemann and upon those who believed in his doctrine.' Dr. Helmuth says a compilation of such articles 'would be interesting and humorous to us, but, I am sure, would be absolutely humiliating to many of the most prominent and right-minded men of the old school.' The following are extracts from some of these articles: 'Dishonest members of our own profession . . . turned assassins to obtain a livelihood;' . . . 'quackery, the absurdity of which has no parallel in history;' 'The delusion will fail, as all such delusions must;' . . . 'guilty of manslaughter, or at least of passive murder;' 'Frauds of homœopathy;' 'Medical renegades who prostitute the title of M.D.;' 'Craven knaves;' Mendacious Master Hahnemann, the father of homœopathic lies;' . . . 'their scandalous and nefarious trade;' 'Huge system of imposture.'"

"The injustice done to the pioneers of homœopathy was not limited to physicians, but the malevolence of bitter opponents was extended to non-professional followers of Hahnemann's system, as the following extract from an article in the *Lancet* will show: 'Our wishes for the patients of homœopathic physicians are not so seemingly merciful, and we are prone to utter such imprecations on them as would make the shade of Ernulphus walk disturbed: "may your vigour of mind and body fail, your bones decay, your limbs be eaten by disease, your joints stiffen and be everlastingly immovable."'

"On the other hand it is but fair to emphasise, as Dr. Helmuth has done, that there are many in the old school who severely condemn such persecution of their homœopathic colleagues, and their number is continually increasing. One of the most prominent allopaths in the United States, Dr. St. John Roosa, in an address before the New York Medical Society, said, 'It is impossible to deal seriously with those who would drive out men from a learned profession, not because their attainments are insufficient, or their moral character defective, but because they are believed to hold erroneous notions in the materia medica and therapeutics.'

"May the time not be far distant when all our colleagues of the opposite school will hold the same liberal view as Dr. Roosa has expressed!"

The fifth of this series of pamphlets sets forth the influence that Hahnemann has, through the promulgation of homœopathy exerted over the treatment of disease as commonly practised. The author describes first the therapeutic means thought necessary during the early centuries of the Christian

era, the middle ages, and then those in vogue at the time when homœopathy was introduced. Having given an adequate account of these periods in the art of medicine he sums up as follows :

“ Homœopathy has thus effected a complete revolution in ordinary medical practice. Yet some medical opponents, to save themselves from acknowledging their error, contend that during the last few years the character of disease has become so altered that the former severe measures are no longer necessary. We are asked to believe that the time-honoured treatment by bleeding, blistering, vomiting, purging and other painful and depleting measures, was scientific, correct and most appropriate to the type of disease for over two thousand years and up to a few years ago, when homœopathy was introduced ; but just at that particular period the course of nature was altered, these diseases made a sudden right-about turn, so completely changing their type, they could no longer bear bleeding, blistering, and so forth, but were best treated by abandoning all these ancient methods. What absurdity ! Homœopathy alone caused this great reformation. As Dr. J. W. Dowling, writing in 1882, aptly puts it : ‘ Had our law of cure not been discovered ; had Hahnemann and his followers not been so impressed with its truthfulness, instead of the lancet having been almost entirely discarded by our intelligent allopathic practitioners, and instead of mercury, which was formerly so terribly abused, having been laid upon the shelf ; instead of emetics and violent cathartics having been thrown to the dogs, the same state of affairs would have existed at the present time as fifty, forty, thirty years ago.’ ”

We feel sure that these tracts will, if properly circulated, fulfil the purpose of their publication—the diffusion of a more accurate knowledge among the public of what is meant by homœopathy, why some medical men practise medicine homœopathically, and the results which have followed on their doing so in the treatment of disease. They are simple in their phraseology, accurate in their facts, unassailable in their conclusions. We heartily wish that they may meet with a wide circulation.

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## MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the session was held at the London Homœopathic Hospital, Great Ormond Street, W.C., on Thursday evening, November 2nd, 1899, Dr. WASHINGTON EPPS, President, occupying the chair.

Arthur Arnold Beale, M.B., C.M., Glas., and Percy Swanseger, L.R.C.P. and S. Edin., were elected members of the Society.

The following motion by Dr. D. MacNish was put and carried: "That there be appointed a Committee of the British Homœopathic Society to watch and report on parliamentary legislation affecting the Medical Profession."

It was agreed that the Council should nominate a Committee.

Some discussion then took place on a proposal by Dr. MacNish that "A Medical Defence Union" should be formed by the Society. It transpired that avowed practitioners of homœopathy are not precluded from joining "The Medical Defence Union" although a very general feeling was expressed that their interests need a higher safeguard. In the end the proposal fell through pending some probable action of the British Medical Association in the matter of medical defence.

#### SECTION OF SURGERY AND GYNÆCOLOGY.

The evening was then devoted to a discussion of the following topic, viz.:

"Medical treatment and early surgical interference in the treatment of malignant and other obstructive affections of the stomach and duodenum."

Dr. DYCE BROWN opened from the medical side, and treated the subject from the point of view of malignant disease, cicatricial obstruction from ulceration or corrosive poisons, fibroid thickening, chronic gastritis and external pressure. He considered medicines of little value in the first two named conditions, but in fibroid conditions and gastritis, of prime importance, the chief being ars., hydratis, ant., crud., puls., nux. vom., sulph. and calc. iod.

Mr. KNOX SHAW followed from the surgical side, and insisted upon the importance of dilatation as an almost invaluable concomitant of obstructive disease of the stomach. In pyloric obstruction surgery offered at least palliation, sometimes cure. The important point was the early recognition of the condition, and early treatment.

Dr. HERBERT NANKIVELL continued the discussion from the physician's point of view. He suggested that surgical aid would most likely be required in malignant disease, cicatrices, pressure from the head of the pancreas, adhesions and pyloric stenosis with pre-existent dilatation. He also laid stress on the means of diagnosis, the best being by the phonendoscope laid over the stomach, then slight succussion for the indication of dilatation.

Mr. DUDLEY WRIGHT read a communication in which he



detailed a number of cases treated surgically, the chief conditions being simple fibrous stricture of the pylorus, obstructions caused by adhesions implicating the pylorus, malignant disease, whether primary of the organ itself, or secondary by extension from other organs. The results in Mr. Wright's cases were palliation and sometimes cure.

DRS. MADDEN, BURWOOD, BYRES MOIR, MACNISH, E. A. NEATBY, CASH REED, ROWSE and GOLDSBROUGH also joined in the discussion which, it was agreed, had afforded a very successful evening.

#### LIVERPOOL BRANCH.

The second meeting of the session was held in the Board Room of the Hahnemann Hospital on the evening of Thursday, November 9th. The President, Dr. DOUGLAS MOIR, occupied the chair.

Dr. C. W. HAYWARD opened the business of the evening by reading a short paper on "The Artificial Feeding of Infants." Dr. Hayward prefaced his paper with a few remarks dealing with the importance of the subject, especially to those medical men who enjoyed a large midwifery practice.

Under circumstances in which the natural nourishment was not available or in which it was deficient either in quality or in quantity, Dr. Hayward maintained that the most efficient substitute which could be obtained was humanised cow's milk. The method to be adopted in preparing this was described whilst the larger question, viz., that of its supply in such quantity and at such a price as would render it available for use in all classes of society was also discussed by Dr. Hayward.

As subsidiary though all-important points in the successful management of hand-fed infants, Dr. Hayward mentioned—

1. The amount of nourishment to be given at each feeding.
2. The amount to be given in the 24 hours.
3. The proper interval which should elapse between feedings.

And lastly. The relationship of the quantity of nourishment to age of child.

In the discussion which followed,

Dr. HUGHES said that in his practice he had never known a case in which humanised milk, as represented by the Aylesbury brand, had failed. In Western Australian practice he had been obliged frequently to resort to goat's milk, which he did not consider very suitable, owing to the large percentage of nitrogen it contained.

Dr. HAWKES whilst commending as *the* best humanised milk prepared according to the formula given in the paper, said that he got admirable results from the use of Fairchild's

Peptogenic powder, which he thought was to be recommended on account of the greater simplicity of its preparation. In some very grave cases he had succeeded in averting a fatal issue by the use of egg albumen, stirred up in water slightly sweetened.

Dr. SMITH commented upon the difficulty he experienced in convincing mothers of the harmful effects of irregular nursing. Peptogenic powder, in his hands, had not proved satisfactory, at least when the instructions accompanying the preparation were literally carried out. He considered that the quantity of cream recommended to be added was excessive. In some cases where no form or preparation of milk could be retained, he had had resource to meat juices, *e.g.*, Valentine's, and with very satisfactory results.

Dr. ELLIS said that, judging from his knowledge of the dietary of hand-fed infants which was in common use amongst the women of the Potteries district, he was inclined to doubt the views held by physiologists as to the deficiency of the salivary and other starch decomposing secretions of the infant up to the third or fourth month. Even the youngest infants there were very frequently fed largely on bread and other starchy foods, and without producing any bad symptoms. Little sips of warm water, slightly sweetened, he found to be very useful in pacifying the child whilst at the same time preventing the overloading of the stomach which mothers by indiscriminate nursing were very apt to produce.

Dr. J. W. HAYWARD was of opinion that "possiting" was not necessarily or always due to flatulence.

The PRESIDENT rapidly reviewed the main points touched upon in the discussion and expressed the thanks of the Society to Dr. C. W. Hayward, who briefly replied.

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## NOTABILIA.

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### DRUG STUDIES.

THE third of our series of studies in the *Materia Medica* will be by Mr. C. J. Wilkinson, M.R.C.S., who takes Carboic Acid as his subject.

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### POISONING BY HYDRO-FLUORIC ACID.

AN instance of this rare occurrence is reported in the *British Medical Journal* for October 21st. Soon after taking a table-spoonful of what was presumably the commercial acid, the subject was observed to look white and clammy. Milk induced

vomiting, but he died an hour afterwards. The *post-mortem* appearances were as follows:—

Blood: Very tarry, but without clots; lips very charred; tongue: Sides denuded of papillæ, dorsum brownish, but not much burnt, by back part, with the epiglottis and fauces a deep red colour, congested and ecchymosed; pharynx: Purplish slate colour, ecchymosed and congested, tissues round, reddened and ecchymosed; œsophagus: Much congested. The whole of a slate colour, with deep red patches; stomach: Cardiac portion markedly ecchymosed, slight ecchymosis towards the pyloric orifice, No perforation and no denudation of mucous membrane of stomach; intestines: Nothing abnormal could be detected; lungs: Both very much congested and almost black in colour.

Death evidently resulted from shock and collapse, the specific effects of the acid, as known to us by provings, not having developed.

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### THE LATE DR. TALBOT OF BOSTON, U.S.A.

A MEETING in memory of the first Dean of the Faculty of Medicine of the Boston University was held on the 30th of October in one of the large halls of the city and attracted a large audience.

The meeting opened with singing by a chorus of male voices of the 22nd of the Odes of Horace.

“ He who is upright, kind, and free from error  
Needs not the aid of arms or men to guard him;  
Safely he moves, a child to guilty terrors,  
Strong in his virtues.

“ What though he journey o’er the burning Syrtes,  
Or climb alone the dreadful, dang’rous Gaimas,  
Or taste the waters of the famed Hydaspes?  
Gods will attend him.”

The Rev. C. H. Brent then offered prayer.

Dr. Frank C. Richardson, President of the Massachusetts Homœopathic Medical Society, followed with some introductory remarks upon their deceased friend, saying that they had lost a friend and guide, but they still had Dr. Talbot’s stimulating influence. He urged that the meeting should not be of sombre tone, but triumphant, in the knowledge that there had lived among them a good man, who, to their everlasting benefit, had fulfilled to the utmost the high destiny of his life.

The President of the Boston University, William F. Warren, LL.D., then addressed the meeting. In doing so he said that Dr. Talbot was first of all a manly man. As a teacher he was able; as an administrator he was tactful, as a counsellor he was wise and beloved. He was by instinct a

leader. Had he been less responsive to high ideals Boston University would have missed the honour of having been the first of American institutions to provide a four years' course in medicine and surgery. He denounced narrowness of every sort. He loved to praise the merits and successes of his many colleagues.

Dr. Warren was followed by Col. Charles R. Codman who, representing the laity, spoke of Dr. Talbot as a neighbour and friend. He said he was convinced that it was through no love of strife that Dr. Talbot was most aggressive in his advocacy of the cause which he had at heart. There was no one of his most censorious critics that he was not willing to forgive; there were no overtures for peace that he was not willing to welcome, and if he did not hold professional intercourse with his brethren of the regular school it was they and not he who evaded it.

Col. Codman referred to the antagonism against homœopaths years ago--an antagonism which, he said, was not fully comprehended by the younger generation--and he remarked that it was Dr. Talbot's singular happiness to live long enough to enjoy the fruits of his persistent, self-sacrificing efforts. And, intense as must have been his satisfaction, he never uttered a word of personal triumph.

Col. Codman spoke of Dr. Talbot's high-minded unselfishness and conscientiousness as the most prominent traits in his nature.

The choir sang Mendelssohn's "For ever Blessed," after which Dr. Pemberton Dudley, representing the profession at large, spoke. He said that the man's character explains his work. Would not the work also explain the man? Only the broadest humanitarian ideas could have induced him to suffer such sacrifices as he did. Dr. Dudley estimated that the motive which had influenced Dr. Talbot was an exalted conception of a medical man's responsibility, and his relation to human happiness and welfare.

Dr. Conrad Wesselhoeft represented the faculty of Boston University school of medicine, and spoke from an acquaintance with Dr. Talbot of nearly half a century. He informed the audience that, as a parliamentarian, Dr. Talbot about 1857-58 surpassed anyone in the profession. It was to the establishment of the Boston University school of medicine that Dr. Talbot devoted his best energies. Dr. Wesselhoeft directed most of his address to giving a description of the methods of Dr. Talbot.

Dr. J. H. McClelland spoke for the American Institute of Homœopathy and Dr. John L. Coffin for the Massachusetts Homœopathic Medical Society.

Letters eulogising the work and character of Dr. Talbot and expressing sympathy with the University and medical societies of Boston on account of his loss were read from Mr. Woolcott, Governor of the State of Massachusetts, Dr. Gatchell of Chicago, The Homœopathic Medical Institute of Chicago, Dr. T. G. Comstock of Chicago. The President of the British Homœopathic Society (Dr. W. Epps), Dr. Hughes (Brighton) and Dr. Pope (Tring).

The meeting was brought to a close by the singing of an appropriate selection.

We understand that a full record of the proceedings of this meeting is to be published as a memorial volume of the life of the most lamented Dean of the Faculty of Medicine of the University.

#### DR. GEORGE CLIFTON.

DR. GEORGE CLIFTON, who, when the British Homœopathic Congress met at Leicester last summer, was Mayor of the Borough, completed his year of office on the 9th ult. amid the plaudits of his fellow townsmen; and we heartily congratulate him on the success he has achieved as the head of the Council. The *Leicester Guardian* in its report of the Council meeting on the 9th ult. says:—

“It was a prominent Conservative that proposed that a hearty vote of thanks be passed to the Liberal Mayor who was retiring. Ald. Vincent also included in his resolution the proposition that the expression of the Council's gratitude should be ornamentally engrossed and presented to the Mayor. Before getting ahead with his speech he congratulated the new Mayor on assuming the highest honour of the town, and the town in being honoured with such a good Mayor. High as the Council's expectations had been of Ald. George Clifton, his year of office had exceeded those expectations. He had won the gratitude and esteem of every one. In the chair of the Council he had been fair, courteous and patient. In the seat of justice he had been just, painstaking and merciful; and as Chief of the Borough he had done his best to help every cause whose object was the public good. He had lent his patronage to every movement which tended to elevate the tone of society. Mr. Vincent referred specially to the funds for benefiting soldiers' wives and families which the Mayor had helped to found during the past few weeks. Mr. Clifton had been plenteous in hospitality, and had maintained the reputation of the office. He wished it were the custom of the Council to pass a vote of thanks to the Mayoress as well, for Mrs. Clifton deserved their thanks for the work she had

done. She was modest and retiring, but she had done much good work, and besides helping her husband in every way, had inaugurated a fund of her own for furnishing the new premises of the Y.M.C.A. During Alderman Clifton's mayoralty the lustre of the office had not been lessened nor its usefulness diminished. Councillor Royce seconded this, Councillors Hancock and Biggs supported it, and we passed it with gusto."

The same paper, in another column, expresses the feelings of the burgesses of Leicester in the following terms:—

"We have now to congratulate Ald. Geo. Clifton on having been able at last to cast off the harness which he has carried with such intense devotion to duty during the past twelve months. There have been more brilliant Mayors than the retiring doctor, but there have been few who have given so much time to the public service. He has spared himself in no direction, but has placed himself almost unreservedly at the disposal of every worthy object. The retiring Mayor must be a strong man or he could not have got through the work he has tackled this year and come through with his task looking as healthy and as happy as he does. There can be few philanthropic, religious or social societies in Leicester which he has not graced with his presence and aided with his support during the past year. His liberality in entertaining during the year has also been a noteworthy feature of his mayoralty. He has given balls, dinners, receptions, &c., almost without count. Two events of the year will probably be looked back upon by the ex-Mayor as the crowning honours of his life. One was the laying of the foundation stone of the new building which, as chairman of the Asylum Committee, he has worked so hard to call into being; and the other was the fact that he, a homœopathic doctor, was able to entertain his professional brethren from all over the country while he wore the civic chain. Like the speakers at Thursday's Council meeting we feel that we cannot close the chapter of the mayoralty of 1899 without expressing the thanks of the town to Mrs. Clifton. We do this all the more heartily because Mrs. Clifton is just the sort of lady who would like to escape the embarrassment of thanks. All through the year she has kept modestly in the background when the show business was in full swing, but when the ornamental business was over and the work began, then Mrs. Clifton was always quietly, but earnestly, in the foreground. She has aided and prompted much of the good work accomplished by her husband, and she has found time in the intervals to 'score off her own bat' (if we may be permitted a cricket simile when writing of a lady)."

## MARK TWAIN ON CHRISTIAN SCIENCE.

MARK TWAIN has fallen among the Christian Scientists, and relates his experiences in the October number of *The Cosmopolitan*. Last summer, on his way back to Vienna from the Appetite Cure in the mountains, he fell over a cliff and "broke some arms and legs and one thing or another." He was taken to a neighbouring village, where there was no surgeon. There happened, however, to be a lady from Boston, who was a Christian Science doctor, and could cure anything. So she was sent for. But the shades of night were falling, and she could not conveniently come; she sent word, however, that it did not in the least matter, as she would apply "absent treatment" and call in the morning. In the meantime the sufferer was bidden to make himself tranquil and comfortable, and remember there was nothing the matter with him. The patient was in some doubt whether the diagnosis had been made with sufficient care, but he tried to make himself believe that his pain was a delusion. Morning brought the Christian Scientist, who declined even to listen to the recital of his symptoms, assuring him that there is no such thing as feeling, and that nothing exists but mind, which cannot feel pain. "You should never," said she, "allow yourself to speak of how you feel, nor permit others to ask you how you are feeling; you should never concede that you are ill; nor permit others to talk about disease, or pain, or death, or similar non-existences in your presence. Such talk only encourages the mind to continue its empty imaginings." On the unfortunate sufferer pleading that he was full of imaginary tortures, which could not make him more uncomfortable if they were real, and asking what he could do to get rid of them, he was told that there was no occasion to get rid of them since they did not exist, but were mere illusions propagated by matter which itself had no existence. Mark Twain attempted to argue this point, since, as he put it, if there is no such thing as matter, how can matter propagate things? In pity for his dulness of perception the Christian Science priestess condescended to inform him that it was quite simple: "The fundamental principles of Christian Science explain it, and they are summarised in the four following self-evident propositions: (1) God is All in all. (2) God is good. Good is Mind. (3) God, Spirit, being all, Nothing is Matter. (4) Life, God, omnipotent Good deny death, evil, sin, disease." By way of further elucidation she added: "Soul is God, unchangeable and eternal; and Man coexists with and reflects Soul, for the All-in-all is the Altogether, and the Altogether embraces the All-one, Soul-Mind, Mind-Soul, Love, Spirit, Bones, Liver,

one of a series, alone and without an equal." Here Mark Twain was moved to reflect on the effect which Christian Science has upon the verbal bowels; it made him think of a dictionary with the cholera. The lady went on to inform him that Mrs. Eddy, the "revered and sacred Founder" of Christian Science, is distinctly referred to and her coming prophesied in the twelfth chapter of the Book of Revelations where it is said that "there appeared a great wonder in heaven—a woman clothed with the sun and the moon under her feet, and upon her head a crown of twelve stars." Further on it is stated that "the woman fled into the wilderness, where she had a place prepared of God," the said place being considerably explained by this newest biblical commentator to be Boston. When the inspired writer goes on to say, "And I saw another mighty angel come down from heaven clothed with a cloud, and a rainbow was upon his head, and his face was as it were the sun, and his feet as pillars of fire; and he had in his hand a little book," is it not plain that he referred to Mrs. Eddy's latter-day bible, *Science and Health*? Mark Twain read this work, and the effect of it upon his mind may be gathered from his statement that "of all the strange and frantic and incomprehensible and uninterpretable books which the imagination of man has created, surely this one is the prize sample." Our readers have already had an opportunity of forming a judgment on this extraordinary production, and nothing more need be said of it here. Mark Twain believes that the book was written by someone for Mrs. Eddy, as that otherwise gifted lady cannot write English; but that is a small matter, for if it be true, the revered and sacred Founder of Christian Science is by no means alone among prophets of healing in needing the help of mortals with a tincture of grammar to translate their inspired revelations into human speech. Mark Twain admits, as everyone who knows the healing power of faith must admit, that cures are wrought in certain cases by Christian Science as well as by the Mind Cure, the Faith Cure, the Prayer Cure, and the Mental Science Cure; but he believes that it might be shown that all the "mind" sects, except Christian Science, have "lucid intervals—intervals in which they betray some diffidence, and in effect confess that they are not the equals of the Deity; but if the Christian Scientist even stops with being *merely* the equal of the Deity, it is not clearly provable by his Christian Science Amended Bible. In the usual Bible the Deity recognises pain, disease, and death as facts, but the Christian Scientist knows better." Knows better and is not diffident about saying so.—*British Medical Journal*.



## DIPHTHERIA BACILLI IN HEALTHY PEOPLE.

AMONG the knotty problems which have yet to be solved by bacteriology two of great importance are those of the identification of the Klebs-Loeffler bacillus and of the significance of its occurrence in healthy persons. While Kober's work\* does not solve these problems it throws valuable light on some points in connection with them. In the matter of distinguishing the Klebs-Loeffler from the pseudo-bacilli Kober relies on four tests: (1) Microscopic examination of the serum culture six hours after it is made. Stress is laid on the importance of this early examination. At this time the development of the Klebs-Loeffler bacillus is at its height and the majority of the bacilli are of the shape described by Loeffler as typical; later on they assume a variety of forms, spindle, pear, dumb-bell, lancet, and half-moon-shaped. At this early period the pseudo-bacilli are relatively undeveloped and therefore not so likely to be mistaken for the Klebs-Loeffler. Of the xerosis group, for instance, only an occasional bacillus is "plump," the majority are thin and easily distinguished from the true diphtheria bacillus. While Kurth and others found that occasionally pseudo-bacilli were encountered which took up (2) Neisser's double stain, Kober asserts that this does not take place with young bacilli (that is, from a culture six hours old). (3) The pseudo-bacilli either produce no acid or much less than is formed by the Klebs-Loeffler. (4) The effect on animals is not a trustworthy test where negative, as numerous instances have been known of true Klebs-Loeffler bacilli proving non-virulent in animals. Kolbe examined the throats of 600 healthy school children, and found diphtheria bacilli in 15; 10 of these 15 had been in contact, more or less remotely, with diphtheria patients, for example, by playing in the same playground, &c. Injected in guinea-pigs the bacilli from 5 of these proved to be virulent, 10 were harmless. Of 128 persons brought into closer connection with patients, the diphtheria bacilli were found in 15, and in every case the guinea-pigs inoculated died. Little is known about these variations in virulence. At the Breslau Laboratory for the Investigation of Diphtheria, of 189 persons who were in attendance on diphtheria patients, and whose throats were not quite healthy, the Klebs-Loeffler bacilli were found in 69.7 per cent. According to the literature on the subject, says Kober, the percentage in people with healthy throats in similar positions is 18.8, but according to his own researches it is only 8.1 per cent. The length of time the bacilli

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\* Max Kober, *Zeitsch. f. Hyg. und Infect.*, July 31st, 1899.

are found in the throat varies apparently with their virulence. In the 15 (out of 600) children, the average for the virulent was 10·2 days, for the non-virulent 6·8 days. In the case of the other 15 persons the average was 16·8 days (it ranged from 11 to 28 days). While the bacilli may cling for a long time to articles used by the patient, Kober agrees with Reger in thinking that inanimate objects play only a secondary part in the spread of the infection.—*British Medical Journal*.

### MOVEMENT CURE OF ESSENTIAL LEUCORRHOEA.

THE rebelliousness of leucorrhœa essentialis to treatment is well known. It appears to be a fact that in low, moist and marshy countries leucorrhœa is more common and more abundant than in countries exhibiting the opposite telluric conditions. It is also admitted that the lymphatic, anæmic or scrofulous girl or woman is especially predisposed to leucorrhœa. According to D'Epine one woman in three suffers from leucorrhœa. According to Schapiro there is naturally a general laxity of the pelvic tissues which is distinctly favourable to leucorrhœal discharges, while the vascularisation of the intra-pelvic tissues is also especially adapted to the same ends.

There is abundant evidence that antiseptics, astringents and caustics are powerless to remove this idiopathic condition. Schapiro (*Rev. Prat. D'Obstet. et de Gynéc.*, June, 1899; *Med. Rev. of Revs.*) has, therefore, made use of the movement cure, which is simple and direct, consisting of respiratory gymnastics, with gynæcological massage and movements directed to the removal of circulatory inequalities and congestions. The *technique* of these proceedings is given in full:—

The first manipulation consists essentially of flexion and extension of the arms. The operator sits facing the patient and takes her by the wrists. As he raises her arms he commands her to take a deep inspiration. The patient then assumes the active rôle and draws her elbows backwards. These movements are then reversed as the patient empties her chest by expiration.

The second manipulation requires that the patient, being in the recumbent position, flex the thighs upon the pelvis and the legs upon the thighs. As these movements have relaxed the abdominal walls, the operator, seated on a stool at the patient's left, introduces his left index into the vagina, under the patient's thigh, and with his disengaged hand executes stroking movements upon the abdominal wall. These frictions are executed in a circle, and are at first superficial

and then deeper. They are always gentle, and the skin is never rubbed, but the viscera are rolled beneath the fingers. The left index meanwhile steadies the uterus. These movements are kept up from three to five minutes.

The third manipulation consists of applying the palms to the external aspect of the knees. The patient has her knees flexed, feet in contact, pelvis strongly elevated, and she separates her knees while the operator makes counter pressure. Then the knees being widely separated, the operator seeks to approximate them while the patient offers resistance.

The final series of movements is performed with the operator at the patient's back. He seizes her arms below and gently raises them until they meet in the middle line while the patient inspires deeply. This movement is then reversed.

Schapiro has treated twenty-four patients in this manner at the Clinique Baudelocque. As patients never seek treatment for leucorrhœa *per se*, it must be acknowledged that most of the women were also suffering from displacements or menorrhagia. The movements were kept up from twenty days to seven months. Twelve cases were completely cured, ten were improved, and two were not benefited.

In conclusion, it is evident that leucorrhœa may exist independently of inflammation or infection, and that this form may be made to disappear by correcting irregularities of the circulation. The leucorrhœa which accompanies displacements and menorrhagia may also exist without any local or general anomaly.—*Medical Times, New York.*

## THE TREATMENT OF URINARY INCONTINENCE IN GIRLS.

URINARY incontinence in girls is a fairly common and always a very troublesome affection. In a minority of these cases treatment having for object to correct abnormal conditions of the urine, or to destroy intestinal parasites, is attended by a certain measure of success, but in many, possibly in the majority, it is the result of a neurosis, and in such cases treatment by drugs usually fails to afford relief. We are now in possession of a tolerably large number of cases of incontinence in which recovery has followed gradual distension of the bladder by an innocuous fluid, boracic acid solution, for example. In a recent number of the *Boston Medical and Surgical Journal* Dr. Haven records two further cases successfully treated by this method in girls, both 18 years of age. He employed a 4 per cent. solution of boracic acid. In one case the bladder admitted eight ounces under pressure,

and in the other only three-and-a-half ounces. His plan was to inject until discomfort was produced, then directing the patient to retain the fluid as long as possible, usually from ten to fifteen minutes to begin with, though this period could soon be extended. Distension was practised every other day and improvement soon followed. The treatment was continued until the bladder would admit twenty ounces, and then all symptoms having subsided it was discontinued. The total duration of the treatment was three and five months respectively, but in some of the previously recorded cases much less time was required to effect a cure.—*Medical Press and Circular*.

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### CROTALUS IN BUBONIC PLAGUE.

THE Indians inhabiting the country of the tributaries of the Amazon are subject to a disease, never epidemic but endemic, which resembles in a very marked degree some of the distinctive features of the bubonic plague. There are the same bubonic abscesses, sloughing ulcers, rapid wasting of flesh and speedy failure of the vital forces. The country is covered with dense forests, often impenetrable to the sun, the land low and swampy, and the air full of noxious vapours. The huts are filthy, the food mostly fish, and the habits of life but little above the animal. The disease, of a bubonic nature, but having no name, is often controlled by a scarification on the skin with the fang of the crotalus, through which is introduced into the circulation of the blood a minute portion of the poison. The poison of the crotalus overpowers that which is raging in the blood. Following this injection of the poison a decoction is given of the *cedron*, a nut resembling in its medicinal action *chinchona*, to neutralise the action of any excess of the crotalus and help in the destruction of the poison germs of the disease.

The virus of the crotalus and the lachesis have long been used in medicine in suppurative diseases with low vital powers, but it is to be doubted whether in being given by the stomach they fully accomplish the result intended. To produce their full poisonous action they must be introduced directly into the circulation. If taken into the stomach, through the chemical changes produced by the action of the saliva and gastric juices they become innocuous as active poisons, although they undoubtedly produce a certain effect upon the vital forces, indicated by the type of the disease and the condition of the system. The poison should always be introduced in a form more or less attenuated, according to the severity of the disease, not by the stomach, but directly into the circulation, in the same manner in which toxins are given, by the hypodermic syringe.

The characteristic symptoms of the two diseases, both owing their origin in a very great extent to the same causes, filth and an impoverished condition of the blood from unhealthy food and surroundings, might point to the same remedies. It would not be the first time that science has received its most valuable suggestions from the wild men of the forests.—*Medical Times, New York.*

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## OBITUARY.

JAMES JOHN GARTH WILKINSON,

M.D. Philadelphia (*honoris causâ*), M.R.C.S., L.S.A.

DR. WILKINSON, whose death we briefly announced in our last issue, was one of that generation of "grand old men" which was begotten at about the time when our grandfathers were preparing to win the battle of Waterloo. Whether the sturdiness of the race at that time was the cause of the increased longevity which forces itself upon our notice, as we have from time to time to deplore the loss of our veterans, the experience of the future can alone decide. Born in 1818, the son of a special pleader, who was one of the last judges palatine in his native county of Durham, the subject of our notice received the first part of a life-long education at Mill Hill School, where his name is still conspicuous among honoured pupils, and passed on to the study of his profession at Guy's Hospital. He served an apprenticeship to Sir John Forbes, of Newcastle-on-Tyne. It seems probable that it was the influence of his pupil which led Sir John Forbes later to consider the subject of homœopathy with a candour and civility which was unusual, an act of equity which exposed him to the bitterness of *odium medicum*.\* Dr. Wilkinson took his diplomas from the College of Surgeons and "the Hall" in 1884.

After acting as *locum tenens* for a year at Aylesbury, Dr. Wilkinson first established himself in practice in Store Street. His attention having been early called to the therapeutic law of Hahnemann, he thought it his duty to investigate its claims thoroughly and impartially, with the natural result that he found them supported by reason and experience and made the law of similars his guide and principle in practice. Though homœopathy by no means exhausted the sphere of his activities, it would be difficult to over-estimate

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\* "Homœopathy, Allopathy and Young Physic."—*British and Foreign Medical Review*. 1846.

the value to the cause which Dr. Wilkinson's adherence and advocacy brought with them in those early days. Indeed, his influence as a pioneer was enhanced by the number of his enthusiasms and by the *entrée* which the strength and versatility of his mind gave him to the most intellectual society of that time. He was fortunate in having a personal acquaintance with many great ones who are known to the present generation by their names and their works. Emerson, Carlyle, Dickens, Rossetti and Browning were among his friends. The former mentions him in the capacity of translator and exponent of Swedenborg, and had the highest opinion of his mental power, not hesitating to name him as the compeer of Bacon among English philosophers. "There is," says Emerson again, "in the action of his mind a long Atlantic roll, not known except in deepest waters." The list of his original works is a very long one; they mainly treat of the Swedenborgian view of things heavenly and earthly. His translations from the Latin would constitute a life-work for many. The first of his published works (so far as we are aware) was an edition, with a preface, of Blake's *Songs of Innocence and Experience*, which he rescued from oblivion (1889), a little book now of great rarity and value. His best known work, perhaps, is *The Human Body and its Connexion with Man* (1851), in which a prediction of the theory of internal secretion may be traced. The last of his writings, *Isis and Osiris*, has appeared since his death, though he himself saw it through the press.

Dr. Wilkinson travelled a good deal at a date when travel was less common than it is now. A journey to Iceland led him to learn Icelandic and to become an authority upon the Sagas. During a tour in America he received the honorary degree of M.D. from the University of Philadelphia. He also visited Spain as well as the more beaten paths on the Continent. In spite of a considerable practice in St. John's Wood, and at consulting rooms in Wimpole Street, he found time to attack with unsparing vigour whatever he considered an abuse, notably the Contagious Diseases Acts, vaccination and vivisection. Though attached to no hospital his ready kindness to the poor was remarkable. He was a consistent homœopath in practice and enjoyed the confidence of a large *clientèle*, being only allowed partially to retire until the last few years. His contributions to our literature have not been numerous, but it was he who brought back from Iceland Hekla lava as a remedy for caries and exostosis; he also introduced hippozœnene (a nosode of glanders) into use.\*

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\* *British Journal of Homœopathy*, vol. xv., p. 624.

He was President of the Congress at Norwich in 1885.

A great scholar, a master in metaphysics and rhetoric, a great English writer, has passed away. The full recognition of his powers was not conceded to him, for he was ever the champion of unpopular causes. Those who knew him best will cherish his memory for his great intellectual qualities, but still more on account of the combined strength and gentleness which marked his character. He passed painlessly away from his long life's work, lovingly nursed by his descendants and carefully tended by his old friend, Dr. Dudgeon, on October 18th, in his 87th year.

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## CORRESPONDENCE.

### STUDIES IN THE MATERIA MEDICA.

*To the Editors of the "Monthly Homœopathic Review."*

DEAR SIRS,—I think all your readers will be delighted to see your pages again adorned with Dr. Dyce Brown's most valuable "Studies in Materia Medica," which are not only of great service to the student, but very acceptable helps to the practitioner, and doubtless Dr. Brown finds their preparation a distinct advantage to himself.

But why should Dr. Brown have diminished our confidence in his work by "following the pathogenesis, as we find it in Allen's *Encyclopædia of the Materia Medica*," which is somewhat out-of-date and not entirely reliable, instead of the more up-to-date and more reliable material furnished in the *Cyclopædia of Drug Pathogenesis*?

The material itself of such valuable "Studies" should be "above suspicion" if possible. We should be able to feel that every symptom is to be relied upon as a direct effect of the drug, or at least from the most trustworthy source. I am not saying that the symptoms furnished by Dr. Brown are not such, but I confess I have not confidence in every symptom furnished in Allen's *Encyclopædia*, nor has Dr. Allen himself. In compiling an *Encyclopædia* he felt himself called upon to include all the material he could find, whether he thought it trustworthy or not, but so convinced was he that much of the material was really unreliable, that, as soon as he could, he furnished a "revision" in the form of a *Hand Book*, from which he excluded much of the material of his *Encyclopædia*.

I am not saying that any of the symptoms furnished in Dr. Brown's "Study" are unreliable, or are not to be found in the *Cyclopædia*, but only hinting that I myself would have

had more confidence in his work had he written:—"I have followed the pathogenesis as we find it in the *Cyclopædia of Drug Pathogenesis*."

Yours truly,

JOHN W. HAYWARD.

P.S.—At this time of day the editors of all our journals should peremptorily refuse all material furnished simply in schema form.

Birkenhead,

November 4th, 1899.

#### NOTE BY DR. DYCE BROWN.

I thank Dr. Hayward for his kind words in regard to the "Studies in the *Materia Medica*," which I have written from time to time. It gives me much gratification to know that they have been acceptable. Dr. Hayward may rest satisfied that the *Cyclopædia of Drug Pathogenesis* is always studied along with Allen's *Encyclopædia* in doing these "Studies." What I aim at is not the reproduction of the symptoms of one or the other work, but the presentment of the *genius* of each drug in such a form as to elucidate its action in a tolerably full, and at the same time, readable and easily-taken-in form. In doing so, I trust that the reader may be so far interested in my "Study" as to induce him to read for himself the full detail of the symptoms as they are to be found in Allen's *Encyclopædia*, corrected by the provings in the *Cyclopædia of Drug Pathogenesis*. And if Dr. Hayward will compare my "Study" of aloe with the provings in the latter work, he will have no occasion to harbour suspicions of its trustworthiness. At the same time, with all deference to Dr. Hayward and the strong postscript to his letter, I consider that the schema form, filled in with a running commentary, is the form of presentment of the subject which is most easily taken in by the reader, and is the most readable method. The reader has first a general sketch of the action of the drug, which is then filled in in more symptom detail as regards each organ or tissue, with comments and therapeutical observations. This is a very different mode of looking at the drug from the mere dry record of symptoms in the pure schema form—a form which frightens away many students who have not time to read the symptoms, or leisure to think out their meaning and relation to each other. When the "Study" is thus prepared by comparing the two works together, the result embodies my idea of the "genius" of each drug, and while I maintain that the schema form is the best for easy reading and comprehension, it would be useless



labour *not* to avail myself of the work so ably compiled by Allen. I intend, therefore, *pace* Dr. Hayward, to continue my form of such "Studies," while he may be sure that the *Cyclopædia of Drug Pathogenesis* is made full use of, as a corrective to Allen's *Encyclopædia*.

D. D. B.

### A PROPOSED MEDICAL DEFENCE SOCIETY.

*To the Editors of the "Monthly Homœopathic Review."*

SIRS,—The accompanying correspondence may be of interest to your readers, especially as it appears to emphasize the necessity for establishing a Medical Protection Society amongst those medical men who practise homœopathy, as was suggested by a member of the British Homœopathic Society at the opening meeting of the session.

Believe me,

Yours faithfully,

J. ROBERSON DAY.

October, 1899.

Dr. HUGH WOODS.

DEAR SIR,—I am in receipt of your circular and am writing to know if there is anything in the rules of your Society to prevent a member of the medical profession who believes in and practises homœopathy from joining.

I am asking this question because in a former circular I observed some such restrictions.

Believe me,

Yours faithfully,

J. ROBERSON DAY, M.D. Lond., &c., &c.

The London and Counties Medical Protection Society, Limited,

12, New Court,

Lincoln's Inn, W.C.

26th October, 1899.

DEAR SIR,—In reply to your letter I have to say that the Council, after considering the matter, have come to the conclusion that medical men practising homœopathy would not be eligible for the membership of the Society.

I am, yours faithfully,

ALEX. G. R. FOULERTON,

*Hon. Finl. Sec.*

J. R. Day, Esq., M.D.

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## BOOKS RECEIVED.

- Repertory of Urinary Organs and Prostate Gland.* By A. R. Morgan, M.D. Philadelphia: Boericke & Tafel. 1899.  
*Bechire Therapy and Repertory.* By Stacy Jones, M.D. 2nd edition. Philadelphia: Boericke & Tafel. 1899.  
*The Logic of Figures.* By Dr. Bradford. Philadelphia: Boericke & Tafel. 1899.  
*The Journal of the British Homœopathic Society.* October. London.  
*The Homœopathic World.* November. London.  
*The Chemist and Druggist.* November. London.  
*The Vaccination Enquirer.* November. London.  
*The Calcutta Journal of Medicine.* June.  
*The Tasmanian Homœopathic Journal.* October. Hobart.  
*The North American Journal of Homœopathy.* Oct. and Nov. New York.  
*The Homœopathic Eye, Ear and Throat Journal.* October. New York.  
*The New England Medical Gazette.* November. Boston.  
*The Hahnemannian Monthly.* November. Philadelphia.  
*The Medical Era.* October. Chicago.  
*The Clinique.* November. Chicago.  
*The Hahnemannian Advocate.* October. Chicago.  
*The Homœopathic Recorder.* October. Lancaster, Pa.  
*The Minneapolis Homœopathic Magazine.* October.  
*The Pacific Coast Journal of Homœopathy.* September. San Diego.  
*The Medical Century.* November. New York.  
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